

## Prescription Compound Facsimile Transmission Form

\*Please Attach Patient **Demographics sheet** and/or Prescription Insurance Card

Rep Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

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Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

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Allergies \_\_\_\_\_

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Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Semaglutide Premium Starter Package (\$350.00)

Semaglutide 1mg/ml

*Sig:* Once daily, place 0.25ml under tongue for a minimum of 60 seconds (ideally as long as possible) then swallow. Follow titration schedule until taking every other day with little to no side effects. Do not eat for 30 minutes after taking.

**Includes:**

- Compounded Semaglutide
- Core Restore (Van or Choc) – 7 day detox to be taken prior to Semaglutide
- Magna Multi – Multivitamin
- Men's Probiotic Complete – improve GI Health
- Crave Control – Helps suppress food cravings
- Docusate Sodium – Stool Softener

### Semaglutide Basic Starter Package (\$250.00)

Semaglutide 1mg/ml

*Sig:* Once daily, place 0.25ml under tongue for a minimum of 60 seconds (ideally as long as possible) then swallow. Follow titration schedule until taking every other day with little to no side effects. Do not eat for 30 minutes after taking.

**Includes:**

- Compounded Semaglutide
- Magna Multi – Multivitamin
- Crave Control – Helps suppress food cravings
- Docusate Sodium – Stool Softener

### Semaglutide Maintenance Package (\$150.00)

Semaglutide 1mg/ml  
 Semaglutide 2mg/ml  
 Semaglutide 3mg/ml  
 Semaglutide 4mg/ml

*Sig:* Once daily, place 0.25ml under tongue for a minimum of 60 seconds (ideally as long as possible) then swallow. Do not eat for 30 minutes after taking.

**Includes:**

- Compounded Semaglutide
- Magna Multi – Multivitamin

Can be added for additional cost if needed

- Crave Control – Helps suppress food cravings
- Docusate Sodium – Stool Softener

### Starter Package Titration Schedule

	Month #1 Instructions 1mg/ml						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1	0.25 ML				0.25 ML		
Week 2	0.25 ML			0.25 ML			0.25 ML
Week 3		0.25 ML		0.25 ML		0.25 ML	
Week 4	0.25 ML		0.25 ML		0.25 ML		0.25 ML

Refills: **0 1 2 3 Or** \_\_\_\_\_ **Compound Quantity**  **4mL Or** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



2015 State Road | Suite A Cuyahoga Falls, OH 44223

[www.kleinspharmacy.com](http://www.kleinspharmacy.com)

PHONE (330) 929-9183

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## Patient Information Handout

Your physician has prescribed you a medication at your visit today that requires specialty compounding. At **Klein's Pharmacy**, we specialize in dispensing specialty compounded prescriptions.

Payment for all semaglutide compounds are due prior to prescription getting filled. Total payment that is due will be sent via text to customer and payment can be made by credit card through our secure payment portal.

Expect a member from **Klein's Pharmacy** team to reach out to you. If you do not hear from us within 48 hours, please call us at **(330)-929-9183**. Calling in advance will allow us to verify your information and process your prescription in a more timely manner. Your prescription will be mailed to your home via USPS at no charge to you! You can also pick up your medication at our convenient Cuyahoga Falls location. Total processing time is usually between 1-3 business days.

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## Prescription Refill Process

A member of the Klein's pharmacy team will contact you prior to refilling your prescription to complete an assessment, which may require you to visit the pharmacy, as well to discuss any side effects. Refills will be processed upon Klein's consultation with the patient.

Please do not hesitate to call us with ANY questions, comments, or concerns at **(330)-929-9183**. A team member is available Monday-Friday from 9am- 5pm.