

Prescription Compound Facsimile Transmission Form

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

Rep Name: _____ Phone: _____

Physician Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
NPI:	DEA:	

Patient Name:		D.O.B
Allergies		
Home Phone	Mobile	
Address		
City	State	Zip Code

Semaglutide 1mg Daily Dose (\$200.00)

<input type="checkbox"/> Semaglutide 1mg/0.5mL <i>Sig:</i> Brush teeth and rinse with warm water. Next, place 0.5mLs under the tongue ONCE daily for 90 seconds and then swallow. (Do not eat or drink for 30 minutes after taking) *Shake Well*	Includes: <ul style="list-style-type: none"> <input type="checkbox"/> Compounded Semaglutide <input type="checkbox"/> Magna Multi – Multivitamin <input type="checkbox"/> Pharmacist Consultation
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Semaglutide 2mg Daily Dose (\$300.00)

<input type="checkbox"/> Semaglutide 2mg/0.5ml <i>Sig:</i> Brush teeth and rinse with warm water. Next, place 0.5mLs under the tongue ONCE daily for 90 seconds and then swallow. (Do not eat or drink for 30 minutes after taking) *Shake Well*	Includes: <ul style="list-style-type: none"> <input type="checkbox"/> Compounded Semaglutide <input type="checkbox"/> Magna Multi – Multivitamin <input type="checkbox"/> Pharmacist Consultation
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Semaglutide 3mg Daily Dose (\$400.00)

<input type="checkbox"/> Semaglutide 1.5mg/0.5ml <i>Sig:</i> Brush teeth and rinse with warm water. Next, place 0.5mLs under the tongue TWICE daily for 90 seconds and then swallow. (Do not eat or drink for 30 minutes after taking) *Shake Well*	Includes: <ul style="list-style-type: none"> <input type="checkbox"/> Compounded Semaglutide <input type="checkbox"/> Magna Multi – Multivitamin <input type="checkbox"/> Pharmacist Consultation <p>Note: 2.1mg weekly absorption comparable to weekly absorption of injectable</p>
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Package Additions (Optional)

Can be added to package for additional cost:

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

Refills: **0 1 2 3 Or** _____ **Compound Quantity** **30mL Or** _____

Provider Signature: _____ **Date:** _____

The compounds and other medications listed on this prescription are available by prescription only. The FDA does not approve these to cure, treat, or mitigate disease. The formulations and preparations listed represent commonly prescribed formulas for the disease states indicated. This is not intended to advertise claims of efficacy for individualized formulations.



2015 State Road | Suite A Cuyahoga Falls, OH 44223

www.kleinspharmacy.com

PHONE (330) 929-9183

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.

Klein's Pharmacy will work with *you*, your prescriber, and insurance company to get your medication covered at the lowest possible cost (co-pay). Unless your co-pay is \$0.00 Klein's Pharmacy will not be able to ship your medication until we get your approval.

Expect a member from **Klein's Pharmacy** team to reach out to you. If you do not hear from us within 24 hours, please call us at **(330)-929-9183** or text at **(330) 778-4426**. 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.

Automatic Refill Authorization

If you would like for us to automatically refill your prescription *without* having to call you each time it is due to be filled please print and sign below.

Name: First _____

Last _____

Signature _____

Date _____

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.