INJECTABLE SEMAGLUTIDE RX ORDER FORM: COMPUNDS



PATIENT NAME:	DOB:	PHONE:
ADDRESS:		
ALLERGIES:		
SEMAGLUTIDE		
SIG: Inject 10 units (0.25mg)	tion Solution MDV (QTY #2n subcutaneously once a week f	
SIG: Inject 20 units (0.5mg) s	tion Solution MDV (QTY #2n ubcutaneously once a week for	
SIG: Inject 40 units (1mg) sub	tion Solution MDV (QTY #2n ocutaneously once a week for 4	
CUSTOM SEMAGLUTI	DE	
Semaglutide 2.5mg/mL Inject	ction Solution MDV (QTY #2) busly time(s) a week for weeks	mL)
NAUSEA		
Ondansetron 4mg ODT Table SIG: Place 1 tablet on the tongu		every 8 hours as needed for nausea.
PRESCRIBER NAME:	NPI:	DEA:
ADDRESS:		
PHONE:FAX:	CONTACT P	ERSON:
PRESCRIBER SIGNATURE:	DATE:	REFILLS:
Eden Drug 103 W Stadium Dr. E	den, NC 27288 Ph: 336-6	27-4854 Fax: 336-627-8925

Per FDA guidelines, Eden Drug makes no claim as to the safety or efficacy of any compounded medication.