

**INJECTABLE SEMAGLUTIDE  
RX ORDER FORM: COMPUNDS**



PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

## SEMAGLUTIDE

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- Semaglutide 2.5mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject 10 units (0.25mg) subcutaneously once a week for 4 weeks.
- Semaglutide 2.5mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject 20 units (0.5mg) subcutaneously once a week for 4 weeks.
- Semaglutide 2.5mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject 40 units (1mg) subcutaneously once a week for 4 weeks.

## CUSTOM SEMAGLUTIDE

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- Semaglutide 2.5mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject mg subcutaneously time(s) a week for weeks

## NAUSEA

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- Ondansetron 4mg ODT Tablets (QTY  #10  #30)**  
SIG: Place 1 tablet on the tongue, allow to dissolve then swallow every 8 hours as needed for nausea.

PRESCRIBER NAME: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ REFILLS: \_\_\_\_\_