

# WEIGHT LOSS MEDICATION RX ORDER FORM

Fax: (336) 627-8925



Your Health. Our Passion.

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

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

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

## SEMAGLUTIDE

- 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

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

## PHENTERMINE

- Phentermine 37.5 mg Tablets (Qty #30)**  
SIG: Take 1 tablet by mouth once daily  
Refills: \_\_\_\_\_

## TIRZEPATIDE

- Tirzepatide 10 mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject 25 units (2.5 mg) subcutaneously once a week for 4 weeks.
- Tirzepatide 10 mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject 50 units (5 mg) subcutaneously once a week for 4 weeks.

## CUSTOM TIRZEPATIDE

- Tirzepatide 10 mg/mL Injection Solution MDV (QTY #2mL)**  
SIG: Inject \_\_\_ mg subcutaneously \_\_\_ time(s) a week for \_\_\_ weeks

## NAUSEA

- Ondansetron 4mg ODT Tablets (Qty:  #10  #30)**  
SIG: Dissolve 1 tablet on the tongue every 8 hours as needed for nausea.

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

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

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

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

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