COMPOUNDED INJECTABLE SEMAGLUTIDE

Patient _____ Prescriber _____

DOB _____ Phone _____

Phone _____ Fax _____

Address _____ Address _____

Compounded Semaglutide Injections

Vial: 5mg/2mL

Instructions/Usual Starting Dose:

Inject 0.1mL (0.25mg) weekly subcutaneously for first 4 weeks.

Inject 0.2mL (0.5mg) weekly subcutaneously for weeks 5 -8

Taper up as tolerated and needed.

*FDA recommends disposing of vial 28 days after 1st puncture.

☐ **Vial: 5mg/2mL**

SIG: _____

_____

_____

Refill _____ times

Cash Price: $200

Includes 4 syringes, alcohol pads, semaglutide vial, mailing

☐ **Ondansetron 4mg ODT**

SIG: Place one tablet on tongue and allow to dissolve every 4-6 hours as needed for nausea. Take first tablet 30 minutes prior to semaglutide dose increase.

Cash Price: $10.00

10 Tablets

Refill _____ times

Mailing Options

☐ Send compound to patient, bill the patient

☐ Send compound to clinic

☐ Send compound patient, bill the clinic

Rev: 4/30/2024

_____ Date _____

SIGNATURE

City Drug, 131 10th St, Evanston (307) 789-4000 (m), 307-444-4000 (f)