WEIGHT LOSS FORMULATIONS

Call our pharmacist to discuss additional treatment options

CUSTOMER SERVICE: (866) 465-1043 FAX: (901) 861-3095 PLEASE FAX DEMOGRAPHICS Prescriber Name: _____ Lic# ____ Patient Name DEA# __ NPI Address: ____ _____ State _____ Zip _____ Practice Name City _____ Suite ____ Cell Address ____ Home Phone SSN ______State ______Zip ______ DOB Citv _____ Fax ____ Office Phone _____ _____ 🗆 Male 🛛 Female Drug Allergies

SEMAGLUTIDE SUBLINGUAL

To provide the lowest possible price for our patients we have decided to offer 2 different concentrations of Semaglutide Sublingual. The dose volume will be calculated by us based on the MG dose you decide is appropriate for the patient.

- □ All doses of 1mg/day or less will be made at a 2mg/ml concentration. (For doses of 0.5mg to 1mg daily)
- □ All doses above 1mg/day will be made at a 3mg/ml Concentration. (For doses of more than 1mg daily)

Dosing:

□ Please indicate dose as _____MG's per day.

Sig:

Place (volume) ml under tongue qam, hold for 90 seconds
And swallow. Dose should be taken before any food or drink
And no food or drink for 30 minutes after dose.

DISPENSE:

 We will dispense a 28 day supply unless you request a 56 day or 84 day supply

SIG:	QTY:	REFILLS:
PRESCRIBER'S SIGNATURE:	DATE:	DIAGNOSIS:

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FLAVOR OPTIONS

Semaglutide is bitter, therefore flavoing is recommended.

- Natural Carmel-Recommended Flavor
- □ Natural Carmel with Banana Cream Recommended for high doses
- □ Peppermint/Spearmint Oil Combination