

Semaglutide Prescription Template

Patient	Last Name		First Name	
	Address			
	City		State	
	Zip		Birth Date	____ / ____ / ____
	Phone		Allergies	

Injectable Semaglutide	<input type="checkbox"/> Step 1	Semaglutide 2.5mg/mL	Inject 10 units on insulin syringe (0.25mg) subcutaneously once weekly.	2 mL with 4 syringes	0 refills
	<input type="checkbox"/> Step 2	Semaglutide 2.5mg/mL	Inject 20 units on insulin syringe (0.5mg) subcutaneously once weekly.	2 mL with 4 syringes	0 refills
	<input type="checkbox"/> Step 3	Semaglutide 2.5mg/mL	Inject 40 units on insulin syringe (1mg) subcutaneously once weekly.	2 mL with 4 syringes	0 refills
	<input type="checkbox"/> Step 4	Semaglutide 5mg/mL	Inject 34 units on insulin syringe (1.7mg) subcutaneously once weekly.	2.5 mL with 4 syringes	0 refills
	<input type="checkbox"/> Step 5	Semaglutide 5mg/mL	Inject 48 units on insulin syringe (2.4mg) subcutaneously once weekly.	2.5 mL with 4 syringes	7 refills

Semaglutide Suspension	<input type="checkbox"/> Step 1	Semaglutide 2mg/mL Suspension	Place 0.25ml under tongue once daily for 2 weeks, then increase to 0.5ml daily. Hold in place for at least 90 seconds before swallowing. Do not eat or drink for 30 minutes after use.	15 mL	1 refill
	<input type="checkbox"/> Step 2	Semaglutide 4mg/mL Suspension	Place 0.375ml under tongue once daily. May increase to 0.5ml daily after 1 month if needed. Hold in place for at least 90 seconds before swallowing. Do not eat or drink for 30 minutes after use.	15 mL	9 refills

Anti-Nausea	<input type="checkbox"/> Ondansetron 4mg ODT	Dissolve 1 tablet sublingually every 8 hours as needed for nausea and vomiting.	#30	1 refill
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Prescriber	Name			
	Phone			
	Address			
	DEA/NPI			
	Signature		Date	

Fax to Mix Pharmacy – 651-925-8659

Other: