

Compounded Weight Management Prescription Template

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

Medications	<input type="checkbox"/> Semaglutide 2mg/ml in Submagna Base	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.	15ml	11 refills
	<input type="checkbox"/> HCG 10,000 IU Injectable (Pregnyl)	Reconstitute powder with 10ml sterile solvent. Inject 12.5 units on syringe (125 IU HCG) subcutaneously daily.	1 vial (10,000 IU) 10ml Luer-Lok Syringe (QTY 1) Needle for 10ml Luer Lock (QTY 1) 0.3CC (30G/31G) Insulin Syringe (#60) Alcohol wipe pads (#60)	____ refills
	<input type="checkbox"/> Compounded SR Capsules Bupropion – 65mg Methylcobalamin – 1mg Naltrexone – 8mg Phentermine – 37.5mg Topiramate – 15mg	Take one capsule by mouth every morning.	30 capsules	5 refills
	<input type="checkbox"/> Other:		____ (quantity)	____ refills

Prescriber	Name			
	Phone			
	Address			
	DEA/NPI			
	Signature		Date	

Fax to Mix Pharmacy – 651-925-8659

Other: