



Compounded Semaglutide Order Form

Today's Date _____

Patient Name _____ DOB _____ Phone _____

Patient Address _____ City _____ ST _____ Zip _____

Prescriber Name _____ DEA _____ NPI _____

Practice Name _____ Phone _____ Fax _____

Address _____ City _____ ST _____ Zip _____

Semaglutide/Cyanocobalamin 2.5mg/1mg/mL	Dosing Conversion										
<input type="checkbox"/> 2 mL Vial <input type="checkbox"/> 4 mL Vial Starting Dose: SIG: Inject ____ units subcutaneously once a week for ____ weeks. Refill 1: SIG: Inject ____ units subcutaneously once a week for ____ weeks. Refill 2: SIG: Inject ____ units subcutaneously once a week for ____ weeks. Refill 3: SIG: Inject ____ units subcutaneously once a week for ____ weeks.	<table border="1"> <thead> <tr> <th>Dose</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>0.25mg</td> <td>= 10 units</td> </tr> <tr> <td>0.5mg</td> <td>= 20 units</td> </tr> <tr> <td>1mg</td> <td>= 40 units</td> </tr> <tr> <td>2mg</td> <td>= 80 units</td> </tr> </tbody> </table>	Dose	Units	0.25mg	= 10 units	0.5mg	= 20 units	1mg	= 40 units	2mg	= 80 units
Dose	Units										
0.25mg	= 10 units										
0.5mg	= 20 units										
1mg	= 40 units										
2mg	= 80 units										

Individual Pre-Filled Syringes - Priced Individually

Semaglutide/Cyanocobalamin

0.25mg/0.1mg
 0.5mg/0.2mg
 1mg/0.4mg
 2mg/0.8mg

SIG: Inject contents of 1 syringe subcutaneously weekly. Qty _____ Refills _____

Bill to: Provider Patient

If billing provider, you must have an account. Go to rxlink.co/newaccount or scan the QR code below.

Ship to: Provider Patient

*All medications billed to patient must be shipped to patient.

Signature: X _____

