

Today's Date _____

Patient Name _____ DOB _____ Phone _____

Patient Address _____ City _____ ST _____ Zip _____

Prescriber Name _____ DEA _____ NPI _____

Practice Name _____ Phone _____ Fax _____

Practice Address _____ City _____ ST _____ Zip _____

Compounded Sema/Cyanocobalamin 2.5mg/1mg/mL	Dosing Conversion										
<input type="checkbox"/> 1 mL Vial <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="0"> <thead> <tr> <th style="text-align: left;">Dose</th> <th style="text-align: left;">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
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1mg	= 40 units										
2mg	= 80 units										

Compounded Tirz/Niacinamide 16.6mg/1mg/mL	Dosing Conversion														
<input type="checkbox"/> 1 mL Vial <input type="checkbox"/> 2 mL Vial <input type="checkbox"/> 4 mL Vial <input type="checkbox"/> 6.5 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="0"> <thead> <tr> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Units</th> </tr> </thead> <tbody> <tr> <td>2.5mg</td> <td>= 15 units</td> </tr> <tr> <td>5mg</td> <td>= 30 units</td> </tr> <tr> <td>7.5mg</td> <td>= 45 units</td> </tr> <tr> <td>10mg</td> <td>= 60 units</td> </tr> <tr> <td>12.5mg</td> <td>= 75 units</td> </tr> <tr> <td>15mg</td> <td>= 90 units</td> </tr> </tbody> </table>	Dose	Units	2.5mg	= 15 units	5mg	= 30 units	7.5mg	= 45 units	10mg	= 60 units	12.5mg	= 75 units	15mg	= 90 units
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Commercially Available						
<input type="checkbox"/> Ozempic:	<input type="checkbox"/> 0.25mg/0.5mL	<input type="checkbox"/> 1mg/0.75mL	<input type="checkbox"/> 2mg/0.75mL	Sig _____	Qty _____	Refills _____
<input type="checkbox"/> Mounjaro:	<input type="checkbox"/> 2.5mg/0.5mL	<input type="checkbox"/> 5mg/0.5mL	<input type="checkbox"/> 7.5mg/0.5mL	<input type="checkbox"/> 10mg/0.5mL	<input type="checkbox"/> 12mg/0.5mL	<input type="checkbox"/> 15mg/0.5mL
<input type="checkbox"/> Zepbound:	<input type="checkbox"/> 2.5mg/0.5mL	<input type="checkbox"/> 5mg/0.5mL	<input type="checkbox"/> 7.5mg/0.5mL	<input type="checkbox"/> 10mg/0.5mL	<input type="checkbox"/> 12mg/0.5mL	<input type="checkbox"/> 15mg/0.5mL
<input type="checkbox"/> Wegovy:	<input type="checkbox"/> 0.25mg/0.5mL	<input type="checkbox"/> 0.5mg/0.5mL	<input type="checkbox"/> 1mg/0.5mL	<input type="checkbox"/> 1.7mg/0.75mL	<input type="checkbox"/> 2.4mg/0.75mL	

If you believe there is a therapeutic benefit for prescribing this compounded medication, please check all appropriate boxes:

- Compounded medication recommended to minimize side effect associated with fatigue.
- Compounded medication recommended to alleviate injection burden.
- Compounded medication recommended to attempt to better manage glucose levels.
- Other: _____

Bill to: Provider Patient *If billing to provider, a credit card must be on file prior to ordering.

All medications will be shipped to patient.

Signature: X

