

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ DEA# \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_



Fax. 770-809-5048

**Weight Loss:**

Semaglutide Base 1mg/mL Sublingual Suspension Disp # (Circle) 15mL 24mL 30mL Ref # \_\_\_\_\_

**SIG:** Place 0.25mL under the tongue and hold for 10 minutes once daily 30 minutes before high protein meal for 7 days. Then increase dose to 0.5mL under the tongue for 10 minutes once daily 30 minutes before meal or as directed by physician.

Semaglutide Base 2.5mg/mL Sterile Injection Solution Disp # 2mL Ref # \_\_\_\_\_

**SIG (Initial Dosage):** Inject 0.1 mL (0.25mg) SubQ in the abdomen, upper thigh, upper arm, once weekly for 4 weeks. Take the same day each week.

**SIG (Dosage Titration):** After 4 weeks on 0.1 mL (0.25mg) week dose, increase dose to 0.2mL (0.5mg) SubQ once weekly.

**SIG (Custom):** \_\_\_\_\_

Tirzepatide 10mg/ml Sterile Injection Solution (2ml MDV) Disp # 2mL Ref # \_\_\_\_\_

**SIG (Initial Dosage):** Inject 0.25 ml (25 units) SubQ in the abdomen, upper thigh, or upper arm once weekly for 4 weeks. Take the same day each week.

**SIG (Dosage Titration):** After 4 weeks on 0.25 ml (25 units) weekly dose, increase dose to 0.5 ml (50 units) SubQ once weekly.

**SIG (Custom):** \_\_\_\_\_

Refill (Circle): 1 2 3 4 5 \_\_\_\_\_ times PRN NR

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_