

GLP-1 Compounded Medication Order Form

Page 1 of 1

PATIENT					
First name		Last name		Date of birth	
Address			City, State, ZIP		
Primary phone		Secondary phone		Allergies	

TROCHES			
☐ Semaglutide/Vitamin B6 1mg/7mg Mini Troche Sig: _____ Qty: _____ Refills: _____		☐ Semaglutide/Vitamin B6 2mg/7mg Mini Troche Sig: _____ Qty: _____ Refills: _____	

SEMAGLUTIDE SUSPENSION			
☐ Semaglutide 2mg/ml Sublingual Suspension (\$150) Sig: Place 0.5ml under the tongue, hold for at least 90 secs, then swallow once daily. Do not eat or drink for 30 mins. Qty: #30ml Refills: _____		☐ Semaglutide 3mg/ml Sublingual Suspension (\$260) Sig: Place 0.5ml under the tongue, hold for at least 90 secs, then swallow once or twice daily. Do not eat or drink for 30 mins. Qty: _____ Refills: _____	

TIRZEPATIDE SUSPENSION	
☐ Tirzepatide 3mg/ml Sublingual Suspension Sig: Place 1-2ml under the tongue, hold for at least 90 secs, then swallow once or twice daily. Do not eat or drink for 30 Qty: _____ Refills: _____	

Additional formulas are available. Please contact the pharmacist at 419-784-4800 with any questions.

PRESCRIBER					
Prescriber name (print)		NPI #		DEA #	
Address		City, State, ZIP		Phone	
Prescriber signature				Date	