



1619 West Market St.
 Johnson City, TN 37604
 P: 423-926-9137
 F: 423-926-7321

COMPOUNDED INJECTABLE GLP-1 RX ORDER FORM



105 Broyles Dr. Ste A.
 Johnson City, TN 37601
 P: 423-282-1178
 F: 423-282-0426

PATIENT NAME: _____ **DOB:** _____ **PHONE:** _____

ADDRESS: _____

ALLERGIES: _____

Please complete the above demographics or send in a face sheet.

GLP-1 INJECTABLES

Semaglutide 2.5mg/mL Injection Solution MDV (QTY #2mL. #4mL. #6mL) **\$260/2mL**
 SIG: Inject ___ mg or ___ mLs subcutaneously once a week.

Tirzepatide 10 mg/mL Injection Solution MDV (QTY #2mL #4mL #6mL) **\$360/2mL**
 SIG: Inject ___ mg or ___ mLs subcutaneously once a week.

NAUSEA

Ondansetron 4mg ODT Tablets (QTY #10 #30)
 SIG: Place 1 tablet on the tongue, allow to dissolve then swallow every 8 hours as needed for nausea.

PRESCRIBER NAME: _____ **NPI:** _____ **DEA:** _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **CONTACT PERSON:** _____

PRESCRIBER SIGNATURE: _____ **DATE:** _____ **REFILLS:** _____