-		_	_
Physician's Name &			
NPI#:	DEA#:		COMPOUNDED
Phone#:	Fax#:		(SOLUTIONS)
Date:			Be Healthy. Stay Healthy.
Patient Name:			
DOB:			
Home Phone:	Cell Phone: _	9	SS#:
Address/City/State	e/Zip:		
	COMPOUNDED SUBLINGUA	AL SEMAGLUTIDE SU	SPENSION
□ SEMAGLUTID	E 2mg-1ml in SUBMAGNA HI		
□ *INITIAL DOSE* Place 0.25ml under the tongue for 90 seconds minimum then swallow once daily. Do NOT eat or drink for at least one hour before and 30 minutes after swallowing. Increase to 0.5ml on the second week and thereafter. This medication will NOT work if these directions are not carefully followed.			
NOT eat or d	IANCE DOSE* Place 0.5ml under the rink for at least one hour before and tions are not carefully followed.		
After one mo	onth on a maintenance dose, may in	crease by 0.25ml as directe	ed by the provider.
□ *OTHER* _			
tems should that be of EMR system. The below QR-codes	to use this order form for prescribing desired. Call the pharmacy to discuss and websites are anticipated to be uhis approach, the greater the likelihor interested parties.	further if you need any he seful for any interested par	Ip adding the compound to your rty to review. The more informed a
		□ 25 □	
w	ww.subsema.com	www.su	bmagna.com
REFILLS:			

Compounded sublingual Semaglutide suspension is being compounded using crushed RYBELSUS® tablets to obtain the Semaglutide. The FDA does not review compounded medication for safety or efficacy. RYBELSUS is a registered trademark of Novo Nordisk A/S.

PHYSICIAN'S SIGNATURE:

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DATE: