

PATIENT NAME _____ PATIENT DOB _____

ALLERGIES _____ DIAGNOSIS _____

DAY PHONE _____ CELL PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESCRIBER NAME _____

PHONE _____ FAX _____

NPI _____ DEA _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

INJECTABLE MEDICATIONS

SEMAGLUTIDE/BREMELANOTIDE

DOSE: 0.125 mg/0.5 mg 0.25 mg/0.5 mg
 0.5 mg/0.5 mg 1 mg/0.5 mg 1.25 mg/0.5 mg
FORMULATION: Unit Dose Syringe(s) Unit Dose Vial(s)

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once weekly. Patient requires dual therapy for improved appetite suppression, prevention of rapid appetite rebound following cessation of therapy, and to reduce injection burden.

TIRZEPATIDE/BREMELANOTIDE

DOSE: 2.5 mg/0.5 mg 5 mg/0.5 mg
 7.5 mg/0.5 mg 10 mg/0.5 mg 12.5 mg/0.5mg
FORMULATION: Unit Dose Syringe(s) Unit Dose Vial(s)

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once weekly. Patient requires dual therapy for improved appetite suppression, prevention of rapid appetite rebound following cessation of therapy, and to reduce injection burden.

LIRAGLUTIDE 15 MG/ML 3 ML VIAL

DOSE: 0.6 mg 1.2 mg 1.8 mg 2.4 mg 3 mg
 TITRATION DIRECTIONS:

Inject 4 units (0.6 mg) subcutaneously every day. Increase by 4 units (0.6 mg) every week to a maximum dose of 20 units (3 mg) daily.

MAINTENANCE DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once daily.

SERMORELIN 1 MG/ML 5 ML VIAL

DOSE: 0.1 mg 0.2 mg Other Dose: _____

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once daily prior to bed and at least 90 minutes after last food intake.

TESAMORELIN 8 MG/ML 3 ML VIAL

DOSE: 1 mg 2 mg Other Dose: _____

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once daily prior to bed and at least 90 minutes after last food intake.

CUSTOM ORDER

DRUG: _____ **DOSE:** _____

DIRECTIONS: _____

BREMELANOTIDE 5 MG/ML 3 ML VIAL

DOSE: 0.125 mg 0.25 mg 0.5 mg 1 mg 1.25 mg
 Other Dose: _____ (Max 1.75 mg)

TITRATION DIRECTIONS:

Inject 5 (0.125 mg) units subcutaneously two to three times weekly. Increase by 5 units (0.125 mg) every month to a maximum of 35 units (1.75 mg).

MAINTENANCE DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously two to three times weekly.

AOD-9604 2.5 MG/ML 3 ML VIAL

DOSE: 0.25 mg 0.3 mg 0.5 mg Other Dose: _____

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once daily in the morning on an empty stomach.

CJC/IPAMORELIN 2 MG/2 MG/ML 3 ML VIAL

DOSE: 0.2 mg 0.5 mg Other Dose: _____

DIRECTIONS:

Inject specified dose above (Pharmacist to insert dose specified) subcutaneously once daily prior to bed and at least 90 minutes after last food intake 5 days per week.

DAY SUPPLY: 30 DAY Other: _____

REFILLS: 1 2 3 AS NEEDED

PRESCRIBER AUTHORIZATION

PRESCRIBER SIGNATURE _____

DATE _____

SUBSTITUTIONS PERMITTED

DISPENSE AS WRITTEN

Please fax completed prescription with current patient demographic information to 253.525.1383