

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 _____

ORAL MEDICATIONS

SEMAGLUTIDE RAPID DISSOLVE TABLET (RDT)

DOSE: 3 MG 7 MG 14 MG

DIRECTIONS:

Dissolve 1 tablet under the tongue once daily on an empty stomach. Patient has difficulty swallowing tablets.

AMLEXANOX TABLET

DOSE: 40 MG

DIRECTIONS:

Take one tablet by mouth with food three times daily.

NALTREXONE HCL/BUPROPION HCL 8 MG/90 MG
DYE FREE CAPSULE

TITRATION DIRECTIONS:

Take one tablet in the morning. Increase by one tablet every 7 days to a maximum of 2 tablets twice daily. Split doses into morning and afternoon once taking more than one tablet daily.

NALTREXONE HCL/BUPROPION HCL 16 MG/180 MG
DYE FREE CAPSULE

DIRECTIONS:

Take one tablet in the morning and one tablet in the afternoon.

AOD-9604 CAPSULE

DOSE: 0.5 MG 1 MG

DIRECTIONS:

Take one tablet in the morning on an empty stomach.

CUSTOM ORDER

DRUG: _____ DOSE: _____

DIRECTIONS: _____

NASAL MEDICATIONS

OXYTOCIN 120 IU/ML NASAL SOLUTION 10 ML BOTTLE

DIRECTIONS:

Administer 1-2 sprays per nostril as needed 30 minutes prior to food craving.

OTHER DIRECTIONS: _____

BREMELANOTIDE 25 MG/ML NASAL SOLUTION 10 ML

DIRECTIONS:

Administer 1 spray each nostril as needed 30 minutes prior to food craving. May titrate by 1 spray each nostril to desired effect not to exceed 8 sprays per day.

OTHER DIRECTIONS: _____

DAYS SUPPLY

30 DAY 60 DAY 90 DAY

REFILLS

1 2 3 AS NEEDED

PRESCRIBER AUTHORIZATION

PRESCRIBER SIGNATURE _____

DATE _____

SUBSTITUTIONS PERMITTED

DISPENSE AS WRITTEN