## WEIGHT LOSS PRESCRIPTION ORDER FORM - UPDATED DOSING

Last Name					First Name		MI				
Address							Apt.#				
City			State		ZIP		Phone Number				
-					OM OF	Email					
Pres	scrib	per and Prescription Infor	mation								
Prescribe	er's Na	ame						'			
Phone Nu	ımbe	r			Fax Number						
Street Ad	ddres	S									
City					State		ZIP				
NPI					DEA						
Tir	76	epatide Sublingua	I Cuan an	olon (C	b.Maara	TM CL LI	MANA				
- 111	26					3L H		<u> </u>			
	0	Tirzepatide 10 mg/mL SL	Suspension	n (Week	1)		QTY: 12ml / \$165	Start New Patients Low Begin treatment with the			
_			er <u>0.25 ml</u> under tongue every other day for one week, then increase to 0.5 ml. Hold ague for a minimum of 2 minutes. Take in the AM on an empty stomach.								
ek)		Tirzepatide 10 mg/mL SL S	<ul> <li>and progress through stages to identify effect dose.</li> </ul>								
er we		Administer <u>0.5 ml</u> under tongue									
1 Ju		under tongue for a minimum of	Caution with Dosage								
0.25		Tirzepatide 10 mg/mL SL	Given tirzepatides 5-7 day half-life, start w lower dose to reduce possible side effects, th increase to effective do								
te up		Administer <u>0.75 ml</u> under tongue tongue for a minimum of 2 minu									
(Titrate up 0.25ml per week)											
=		Tirzepatide 10 mg/mL SL S									
		Administer <u>1 ml</u> under tongue er minimum of 2 minutes. Take in t	Known Dose Requests  If the current dosage is								
	0	Tirzepatide 10 mg/mL SL	Suspensio	n			QTY: 15ml / \$195	effective, maintain it.			
aily			every other	day Hol	d under tong	ie for a		If ineffective, titrate to increased dose next mor			
et Ďose		Administer <u>1 ml</u> under tongue	-	-	-						
	_	minimum of 2 minutes. Take in	n the mornin	g on an er	-	۱.		-			
mg	0		n the mornin	g on an er	-	۱.	QTY: 10ml / \$245				
mg	_	minimum of 2 minutes. Take in	n the morning  Suspensio  Congue every	g on an er  n  other da	mpty stomack	tongue fo					
et Ďose mg ō mg	0	minimum of 2 minutes. Take in  Tirzepatide 20 mg/mL SL  Administer 0.625 ml under t	Suspension the morning of the mornin	g on an er n other da	mpty stomack	tongue fo		SL HMW = Sublingual F			
et Ďose mg 5 mg	0	Tirzepatide 20 mg/mL SL  Administer 0.625 ml under t minimum of 2 minutes. Take	n the morning Suspension Congue every in the morning Suspension Ingue every of	g on an er  other da  ng on an er  ther day.	y. Hold under empty stomac	tongue fo	QTY: 15ml / \$295	SL HMW = Sublingual F			
mg  mg  mg	0	minimum of 2 minutes. Take in  Tirzepatide 20 mg/mL SL  Administer 0.625 ml under to minimum of 2 minutes. Take  Tirzepatide 20 mg/mL SL  Administer 0.75 ml under to minimum of 2 minutes.	n the morning Suspension Congue every in the morning Suspension Ingue every of	g on an er  other da  ng on an er  ther day.	y. Hold under empty stomac	tongue fo	QTY: 15ml / \$295	SL HMW = Sublingual F			
mg	O O	minimum of 2 minutes. Take in  Tirzepatide 20 mg/mL SL  Administer 0.625 ml under to minimum of 2 minutes. Take  Tirzepatide 20 mg/mL SL  Administer 0.75 ml under to minimum of 2 minutes.	n the morning Suspension congue every in the morning Suspension ngue every on the morning	g on an er  other da  ng on an er  ther day.	y. Hold under empty stomac	tongue for a	QTY: 15ml / \$295	SL HMW = Sublingual F			

FAX (317) 900-7458 Fill out the form and fax it to our fax number below

"The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional." \*\*The information contained in the transmission accompanying this notice is confidential and protect by law. It's intended for the use of the doctor listed above.

If the reader of this message is not the intended recipientYou are hereby

## WEIGHT LOSS PRESCRIPTION ORDER FORM - UPDATED DOSING

A =1.1	ne	First Name				MI			
Address	dress							Apt.#	
City	State			ZIP		Phone Number			
Date of B	Date of Birth (mm/dd/yyyy)			) M O F	Email				
Pres	scriber and Prescription Inforn	nation					'		
Prescribe	er's Name						i		
Phone No	ne Number Fax Number								
Street Ac	ddress								
City	ty			State			ZIP		
NPI				DEA					
Se	emaglutide Sublingual S			1agna <sup>TM</sup> S	SL HMW	() QTY: 20ml / \$125	;	5	
Introductory Month Dosing (Titrate up 0.25ml per week)	O Semaglutide 1 mg/mL SL Suspension (Week1)  Administer <u>0.25 ml</u> under tongue once daily for 7 days, then increase to 0.5 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.							Start New Patients Low  Begin treatment with the Introductory Month Dosi and progress through sta	
	Semaglutide 1 mg/mL SL Suspension (Week 2)  Administer <u>0.5 ml</u> under tongue once daily for 7 days, then increase to 0.75 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.							to identify effective dose  Caution with Dosage  Given semaglutides	
	Semaglutide 1 mg/mL SL Suspension (Week 3)  Administer <u>0.75 ml</u> under tongue once daily for 7 days, then increase to 1 ml. Hold under tongue for a							5-7 day half-life, start wi lower dose to reduce possible side effects, the increase to effective dos	
	minutes. Take in the morning on an empty stomach.						<u></u>	Known Dose Requests  If the current dosage is	
	+	ion				QTY: 30ml / \$165	effective, maintain it.		
Daily et Dose mg	O Semaglutide 1 mg/mL SL Suspens Administer 1 ml under tongue once minutes. Take in the morning on an	daily. Hold u	_	e for a minimu	m of 2	•	lilicie	ased dose next mont	
et Dose	Administer 1 ml under tongue once	edaily. Hold u empty stoma sion once daily. Ho	ach. old under to			QTY: 25ml / \$195	5		
mg	Administer 1 ml under tongue once minutes. Take in the morning on an  O Semaglutide 2 mg/mL SL Suspens Administer 0.75 ml under tongue of	daily. Hold u empty stoma sion nace daily. Ho empty stoma sion daily. Hold u	ach. old under to ach. nder tongue	ngue for a min	imum of 2		5 SL 1	ased dose next mon H <b>MW</b> = Sublingual H Jecular Weight	

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Date