Sublingual Semaglutide

Compound Order Form

Patient Information:

Name: _____

DOB: _____

Phone: _____

Prescriber Information:

Name: _____

Phone: _____

NPI: _____

❑ **Compounded Semaglutide 1 mg/mL**
Suspension for Sublingual Administration

❑ **0.25 mg dose** 0.25 mL daily x 2 weeks, then
0.5 mg dose 0.5 mL daily x 4 weeks, & if needed can increase to
1 mg dose 1 mL daily
Must place under the tongue for 5 minutes or longer

❑ Alternate Rx: _____

_____

Refills: ❑ 5 ❑ 4 ❑ 3 ❑ 2 ❑ 1 ❑ zero

Signature: _____ **Date:** _____

Prescriber Notes:

TOWNE LAKE FAMILY PHARMACY
Compounding • Wellness • Supplies

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