



1. Provider's Information

Provider Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Provider Email _____ LIC#: _____ NPI: _____

2. Patient Information

Patient Name: _____ Birthdate: _____
Cell Number: _____ Known Allergies: _____ Diagnosis: _____
Address: _____ City: _____ State: _____ Zip: _____

3. Prescriptions

Tirzepatide Dose Escalation

Check off only the escalation steps necessary to achieve maintenance dose

- Tirzepatide 20mg/ml Injection 1mL
Sig: Inject 0.125mL (**2.5mg Tirzepatide**) or _____mg SQ once weekly for 4 weeks
- Tirzepatide 20mg/ml Injection 1mL
Sig: Inject 0.25mL (**5mg Tirzepatide**) or _____mg SQ once weekly for 4 weeks
- Tirzepatide 20mg/ml Injection 1mL x 2 vials
Sig: Inject 0.375mL (**7.5mg Tirzepatide**) or _____mg SQ once weekly for 4 weeks
- Tirzepatide 20mg/ml Injection 1mL x 2 vials
Sig: Inject 0.5mL (**10mg Tirzepatide**) or _____mg SQ once weekly for 4 weeks
- Tirzepatide 20mg/ml Injection 1mL x 3 vials
Sig: Inject 0.625mL (**12.5mg Tirzepatide**) or _____mg SQ once weekly for 4 weeks

Tirzepatide Maintenance Dose *For patients who have already completed dose escalation*

- Tirzepatide 20mg/ml Injection 1mL #one month supply
Sig: Inject (circle dose: 5mg 10mg 15mg) or _____mg SQ once weekly

4. Refills: _____

5. UCP Policy

- Tirzepatide is compounded when on the FDA Drug Shortage List
- Insulin syringes are automatically included in every order
- All batches are tested by an independent laboratory
- No insurance billing
- Patients must be monitored by healthcare provider

6. No. of rx's checked above: _____

7. Provider's Signature: _____ Date: _____