



## 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

### Semaglutide Dose Escalation

*Check off only the escalation steps need to achieve the maintenance dose*

- Semaglutide/Cyanocobalamin 2mg-0.4mg/ml Injection #1mL (2mg/vial)  
Sig: Inject 0.125mL (**0.25mg Semaglutide**) or \_\_\_\_\_mg SQ once weekly for 4 weeks
- Semaglutide/Cyanocobalamin 2mg-0.4mg/ml Injection #1mL (2mg/vial)  
Sig: Inject 0.25mL (**0.5mg Semaglutide**) or \_\_\_\_\_mg SQ once weekly for 4 weeks
- Semaglutide/Cyanocobalamin 5mg-0.4mg/ml Injection #2mL (10mg/vial)  
Sig: Inject 0.2mL (**1mg Semaglutide**) or \_\_\_\_\_mg SQ once weekly for 4 weeks
- Semaglutide/Cyanocobalamin 5mg-0.4mg/ml Injection #2mL (10mg/vial)  
Sig: Inject 0.34mL (**1.7mg Semaglutide**) or \_\_\_\_\_mg SQ once weekly for 4 weeks

### Semaglutide Maintenance Dose

*Write the dose of Semaglutide (mg) in the blank below*

- Semaglutide/Cyanocobalamin 5mg-0.4mg/ml Injection #2mL (10mg/vial)  
Sig: Inject \_\_\_\_\_mg SQ once weekly

4. Refills: \_\_\_\_\_

## 5. UCP Policy

- Semaglutide 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: \_\_\_\_\_