

Note: Semaglutide & Tirzepatide can be compounded pursuant to a patient specific prescription while the commercially manufactured product is on national shortage determined by the FDA.



GLP1 & Others Order Form
Town & Country Compounding Pharmacy
 535 E Crescent Ave, Ramsey, NJ 07446
 Toll-Free Phone: 800-850-2101 Phone/Text: 201-447-2020 Fax: 201-447-3253
 pharmacist@tccompound.com | tccompound.com



| | | | |
|-------------------------|--|-------------------------|--|
| Patient Name | | Prescriber Name | |
| Date of Birth | | Office Phone # | |
| Phone # | | Office Fax # | |
| Street Address | | Street Address | |
| City, State, Zip | | City, State, Zip | |
| Allergies | | NPI | |
| Email | | DEA | |

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How to Send a Prescription to Town & Country Compounding Pharmacy

1. Write prescription on prescription pad or this order form and fax over to 201-447-3253 OR email to pharmacist@tccompound.com.
2. E-Scribe to "Town & Country Compounding & Consultation." Make sure our address is 535 E Crescent Avenue, Ramsey, NJ 07446.
3. Call in prescription to 201-447-2020 (option 1).

| | | |
|---|-----------|--|
| <input type="checkbox"/> Send to PATIENT | OR | <input type="checkbox"/> Send to OFFICE |
| <input type="checkbox"/> Charge PATIENT | OR | <input type="checkbox"/> Charge OFFICE |

| |
|---|
| <p>TIRZEPATIDE 20 MG/ML INJECTION MULTI-DOSE VIAL BUD 56 DAYS FRIDGE</p> <p>Sig: Inject <u>(MUST SELECT A DOSE BELOW)</u> mg subcutaneously once a week</p> <p> <input type="checkbox"/> 2.5 mg (1 x 1 mL) <input type="checkbox"/> 5 mg (1 x 1 mL) <input type="checkbox"/> 7.5 mg (2 x 1 mL) <input type="checkbox"/> 10 mg (2 x 1 mL) <input type="checkbox"/> 12.5 mg (3 x 1 mL) <input type="checkbox"/> 15 mg (3 x 1 mL) </p> <p align="right">Refill # _____</p> |
| <p>SEMAGLUTIDE INJECTION MULTI-DOSE VIAL BUD 60 DAYS FRIDGE</p> <p>Sig: Inject <u>(MUST SELECT A DOSE BELOW)</u> mg subcutaneously once a week</p> <p> <input type="checkbox"/> 0.25 mg (2 mg/ml 1 mL) <input type="checkbox"/> 0.5 mg (2 mg/ml 1 mL) <input type="checkbox"/> 1 mg (2 x 2 mg/ml 1 mL) <input type="checkbox"/> 1.7 mg (5 mg/mL 2 mL) <input type="checkbox"/> 2.4 mg (5 mg/mL 2 mL) </p> <p align="right">Refill # _____</p> |
| <p>SEMAGLUTIDE 1 MG/ML SUBLINGUAL SUSPENSION <input type="checkbox"/> 15 mL <input type="checkbox"/> 30 mL Refill # _____</p> <p>BUD 180 DAYS RT</p> <p><input type="checkbox"/> Start at 0.25 mL (0.25 mg) sublingually once a day for 1 week. Then, increase to 0.5 mL (0.5 mg) daily. May titrate up to 1 mL (1 mg) daily. Hold liquid under the tongue for at least 60 seconds or as long as possible, then swallow any remainder.</p> |
| <p>SERMORELIN 1 MG/ML INJ MDV (BUD 3 DAYS REF/45 DAYS FZ) <input type="checkbox"/> 10 x 1 mL Refill # _____</p> <p>Typical dose 0.1 - 0.3 mg once a day</p> <p><input type="checkbox"/> inject _____ mL (____ mg) subcutaneously once a day</p> |
| <p>MIC INJ 5 ML MDV BUD 180 days RT <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL Refill # _____</p> <p>(Methionine 15 mg- Choline Chloride 100 mg- Inositol 50 mg- Cyanocobalamin 6 mcg/mL)</p> <p> <input type="checkbox"/> Inject 1 mL intramuscularly twice a week on the first week then once weekly thereafter <input type="checkbox"/> Inject 1 mL intramuscularly twice a week </p> |

Prescriber Signature: _____ **Date Written:** _____