

Weight Loss Order Form

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

SEMAGLUTIDE INJECTION MULTI-DOSE VIAL (INCLUDES INJECTION KIT)

Refill # _____

Directions: Inject (MUST SELECT A DOSE BELOW) mg subcutaneously once a week

- ☐ 0.25 mg ☐ 0.5 mg (2 mg/ml 1 mL) ☐ 1 mg (2 x 2 mg/ml 1 mL)
☐ 1.7 mg ☐ 2.4 mg (5 mg/mL 2 mL)

Microdose 1 mg/mL: ☐ Start at 0.05 mL (0.05 mg) subcutaneously weekly. Titrate up to 0.2 mL (0.2 mg) weekly as tolerated.

BUD 60 DAYS FRIDGE

SEMAGLUTIDE 1 MG/ML SUBLINGUAL SUSPENSION

Refill # _____

- ☐ 15 mL (~1 month) ☐ 30 mL (~2 months) ☐ 60 mL (~3 months)

Directions: 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.

Microdose: ☐ Start at 0.05 mL (0.05 mg) sublingually once a day for 1 week. May titrate up to 0.1 mL (0.1 mg) daily as tolerated. Hold liquid under the tongue for at least 60 seconds or as long as possible, then swallow any remainder.

BUD 90 DAYS ROOM TEMP

SERMORELIN 1 MG/ML INJ MDV

Refill # _____

- ☐ Inject 0.1 mL SQ 5 days on 2 days off 10 x 0.5 mL (1 month)
☐ Inject 0.3 mL SQ 5 days on 2 days off 10 x 1 mL (1 month)

BUD 3 DAYS FRIDGE/45 DAYS FROZEN

MIC INJ MDV

Refill # _____

(Methionine 15 mg- Choline Chloride 100 mg- Inositol 50 mg- Cyanocobalamin 6 mcg/mL)

- ☐ 10 mL (~2 months) ☐ 20 mL (~4 months)
☐ Inject 0.5 mL intramuscularly weekly ☐ Inject 1 mL intramuscularly weekly

BUD 180 DAYS ROOM TEMP

PREGNYL (HCG)

Refill # _____

***** Note: HCG is a controlled substance schedule III medication in certain states. Therefore may require a written hardcopy or electronic prescription. This form will not be considered a valid prescription.**

- ☐ Commercial 10,000 IU Powder Vial ☐ 2000 IU/2 mL ☐ 4000 IU/4mL ☐ 5000 IU/5mL ☐ 6000 IU/6mL
☐ Sublingual drops 50 IU/drop ☐ Injection kit for weight loss protocol (30 syringes + alcohol pads)
☐ Directions: _____

BUD 60 DAYS FRIDGE AFTER RECONSTITUTION

Prescriber Signature: _____

Date Written: __ / __ / ____

Toll-Free Phone: 800-850-2101

Phone: 201-447-2020

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