



**SUBLINGUAL SEMAGLUTIDE  
ORDER FORM**

Toll Free Phone (877) 231-8386  
Toll Free Fax (877) 242-6556

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

PRESCRIBER'S SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPOUNDED SUBLINGUAL SEMAGLUTIDE**

1. \_\_\_ CMPD Semaglutide 2mg-1 ml in [SubMagna™ HMW](#) (2222) #30
  - i. \_\_\_ Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily, may increase to 1.0ml. Do not eat/drink for 1 hour. Review [www.subsema.com](http://www.subsema.com) (SUB)
  - ii. \_\_\_ \*OTHER \* \_\_\_\_\_

**PHARMACIST'S VIEWPOINT**



**SUPPORTIVE INFORMATION**



[WWW.SUBSEMA.COM](http://WWW.SUBSEMA.COM)



[WWW.SUBMAGNA.COM](http://WWW.SUBMAGNA.COM)

**Refills:** (Number of refills indicated here refers to all medications prescribed above)

\_\_\_ 1 Year    \_\_\_ 5    \_\_\_ 3    \_\_\_ 1    \_\_\_ Zero

CMPD refers to a compounded medication. FDA does not review compounded medication for safety or efficacy. Semaglutide is being compounded using crushed RYBELSUS® tablets to obtain the Semaglutide. RYBELSUS® is a registered trademark of Novo Nordisk A/S. SubMagna™ HMW is a registered trademark of Kingdom Licensing.

**\*V2024-0501\***