

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

PRESCRIBER'S SIGNATURE: X _____ **DATE:** _____

COMPOUNDED MEDICATIONS IN SUBMAGNA™ HMW

- ___ CMPD Semaglutide 2mg–1 ml in SubMagna™ HMW (2222) #30 – Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control – may increase up to 1 ml (SUB) (higher dosing available based upon patient need and desired response)
- ___ CMPD Naltrexone 6mg–1 ml in SubMagna™ HMW (3317) #15 – Place ml in the mouth and hold 2 minutes minimum then swallow once daily (Dosing can be adjusted, 0.25ml=1.5mg of Naltrexone)
- ___ CMPD Sumatriptan 25mg–1 ml in SubMagna™ HMW (3314) #30 – Place 1 ml in the mouth and hold 2 minutes minimum then swallow for headache control – may repeat in 2 hours if needed (SUBTRIP)
- ___ CMPD Tadalafil 2.5mg–Semaglutide 2mg–1 ml in SubMagna™ HMW (3321) #30 – Place 1 ml in the mouth and hold 5 minutes minimum then swallow once daily to assist with ED and appetite (TADAS) (Max 1 dose/day)
- ___ Other: _____

NOTES

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

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero



Click or Scan the QR code to hear a clinical presentation from a pharmacist on this order form.

CMPD refers to a compounded medication. FDA does not review compounded medication for quality, safety or efficacy. Semaglutide is being compounded using crushed commercially available tablets to obtain the Semaglutide. SubMagna™ HMW is a registered trademark of Kingdom Licensing.