

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

1. ____ 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)
2. ____ 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)
3. ____ 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)
4. ____ 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)
5. ____ Other: _____
6. ____ CMPD Cetirizine 0.5%–D–Ribose 10% in BASSAGEL™ (3346) #360 grams – apply 3 grams (or quantity sufficient) to area where hair growth is desired up to once daily – allow to sit at least 30 minutes (could be overnight) (DRIB)

NOTES

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

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero