

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 3.05mg-1ml in SubMagna® HMW (3394) #30 – Place 1.0ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB1)
2. ____ CMPD Semaglutide 6.10mg-1ml in SubMagna® HMW (3395) #30 – Place 1.0ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB1)
3. ____ CMPD Semaglutide 9.15mg-1ml in SubMagna® HMW (3396) #30 – Place 1.0ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB1)
4. ____ Other: _____

****Compounded Sublingual Sermorelin and NAD+ in SubMagna® HMW – Pending Availability****

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

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero

HAIR GROWTH

____ 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)

CMPD refers to a compounded medication. FDA does not review compounded medication for quality, safety or efficacy. SubMagna® HMW is a registered trademark of Kingdom Licensing. BASSAGEL™ is a trademark of Kingdom Licensing.

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