

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–0.5ml in SubMagna® HMW (3401) #15 – Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
2. ____ CMPD Semaglutide 6.10mg–0.5ml in SubMagna® HMW (3403) #15 – Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
3. ____ CMPD Semaglutide 9.15mg–0.5ml in SubMagna® HMW (3405) #15 – Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
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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