

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 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)
2. ____ Other: _____
3. ____ CMPD NAD+ 100mg-1ml in SubMagna® HMW (3408) #30 – Place 0.25ml (may increase to 1.0ml) in the mouth and hold 5 minutes minimum then swallow once daily in the morning (NAD)
4. ____ CMPD Sermorelin 2mg-1ml in SubMagna® HMW (3406) #10 – Place 0.25ml (may increase to 0.5ml) in the mouth and hold 5 minutes minimum then swallow once daily at bedtime 5 out of 7 days per week (SERM)

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. NAD+ refers to Nicotinamide Adenine Dinucleotide. FDA does not review compounded medication for quality, safety or efficacy. SubMagna® HMW and BASSAGEL® are registered trademarks of Kingdom Licensing.

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