



SEMAGLUTIDE ORDER FORM

Patient _____

DOB _____

Phone _____

Address _____

Riverside Village Pharmacy

1406A McGavock Pike

Nashville, TN 37216

Phone 615-650-4444

Fax 615-650-6828



WWW.SUBSEMA.COM



Compounded Semaglutide 1mg/1ml Sublingual Suspension

SIG: Hold 0.5 ml under the tongue **for at least 90 seconds** daily for 7 days then **increase to 1 ml daily thereafter if needed.** Swallow after holding and do not eat for 30 minutes.

Other SIG: _____

30ml

Refill _____ times

Semaglutide 2.5mg/ml Injectable Vial

SIG: Inject 0.1ml (0.25mg) subQ once weekly x4 weeks, then 0.2ml (0.5mg) subQ once weekly x4 weeks, then 0.4ml (1mg) subQ once weekly x4 weeks, then 0.7ml (1.7mg) subQ once weekly as tolerated. Contact prescriber if side effects or sub-therapeutic response.

Other SIG: _____

2ml OR # 4ml
CIRCLE ONE

Refill _____ times

Prescriber's Signature

SUBSTITUTION PERMITTED

NPI NUMBER

Date

PRESCRIBER PHONE

PRESCRIBER ADDRESS

PLEASE FAX FORM TO: 615-650-6828