PATIENT INFORMATION

Full Name _____

Date of Birth ____ /____ /____ Allergies _____

Gender ○ Male ○ Female Phone Number _____

Home Address _____

City _____ Zip Code _____

PRESCRIBED ITEM: SEMAGLUTIDE 2.70 MG/ML GLYCINE 10 MG/ML INJECTION

The directions provided below are at the sole request of the prescribing practitioner and are not a substitute for the practitioners medical judgement. Commercially available doses are not available, please use the commercially available product. Cost is not a reason to compound.
Medical necessity: Sweetgrass Pharmacy does not compound copies of commercial product and requires a medical necessity to compound the below prescription.

Step 1: Choose Dose

☐ 0.22 mg (8 units) ☐ 0.40 mg (15 units) ☐ 0.68 mg (25 units) ☐ 1.22 mg (45 units) ☐ 2.70 mg (100 units)

Step 2: Choose Sig

☐ Inject _____ units subq weekly. May increase slowly every 4 weeks as directed by a prescriber to a **maximum dose of 45 units**

☐ Inject _____ units subq weekly. May increase slowly every 4 weeks as directed by prescriber to a **maximum dose of 100 units**

☐ Inject _____ units subq weekly. Do not increase unless directed by prescriber.

Step 3: Reason for Compound

☐ This patient needs an alternative dose that is unavailable commercially, due to the inability to tolerate the commercial product at the dosing available.

☐ The patient needs higher dosing than is commercially available to produce a significant therapeutic difference.

Volume Prescribed: ○ 1 mL ○ 2 mL ○ 3 mL ○ 4 mL ○ 5 mL ○ 10 mL **Refills:** _____

Only available if patients on >50 units

INJECTION SUPPLIES - NO SUPPLIES WILL BE SENT UNLESS INDICATED

☐ **_____ pack(s) of Injection supplies ($5 per pack)**
1 pack contains (#10 (31 gauge 5/16") 1 mL insulin syringes +10 alcohol swabs+ patient instructional brochure

☐ **_____ set(s) of bulk supplies ($25 per set)**
1 set contains supplies for 10 kits

Ship to: ○ Patient ○ Prescriber **Bill to:** ○ Patient ○ Prescriber ____ /____ in order

Signature _____ Dispense as written _____ Substitution Permissable

Date ____ /____ /____ Printed Name _____

NPI: _____ Phone Number _____

Office Address _____

City _____ Zip Code _____

By signing above I (the prescriber), agree that the patient named above is under my care and the above compounded prescription will have a significant difference for my patient. The formulas and/or statements listed are provided for educational purposes only. They are compounding ideas that have commonly been requested by physicians, and have not been evaluated by the Food and Drug Administration. Formulas and/or materials listed are not to be interpreted as a promise, guarantee or claim of therapeutic efficacy or safety. The information contained herein is not intended to replace or substitute for conventional medical care, or encourage its abandonment. Every patient is unique, and formulas should be adjusted to meet their individual needs. Sweetgrass Pharmacy does not compound copies of commercially available products. No claims are made as to the safety, efficacy, or use of these ingredients or formulations.

PATIENT INFORMATION

Full Name _____

Date of Birth ____ /____ /____ Allergies _____

Gender ◯ Male ◯ Female Phone Number _____

Home Address _____

City _____ Zip Code _____

PRESCRIBED ITEM: TIRZEPATIDE 17 MG/ML GLYCINE 10 MG/ML INJECTION

The directions provided below are at the sole request of the prescribing practitioner and are not a substitute for the practitioners medical judgement. Commercially available doses are not available, please use the commercially available product. Cost is not a reason to compound.
Medical necessity: Sweetgrass Pharmacy does not compound copies of commercial product and requires a medical necessity to compound the below prescription.

Step 1: Choose Dose

☐ 1.7 mg (10 units) ☐ 3.4 mg (20 units) ☐ 5.95 mg (35 units) ☐ 8.5 mg (50 units) ☐ 17 mg (100 units)

Step 2: Choose Sig

☐ Inject _____ units subq weekly. May increase slowly every 4 weeks as directed by a prescriber to a **maximum dose of 50 units**

☐ Inject _____ units subq weekly. May increase slowly every 4 weeks as directed by prescriber to a **maximum dose of 100 units**

☐ Inject _____ units subq weekly. Do not increase unless directed by prescriber.

Step 3: Reason for Compound

☐ This patient needs an alternative dose that is unavailable commercially, due to the inability to tolerate the commercial product at the dosing available.

☐ The patient needs higher dosing than is commercially available to produce a significant therapeutic difference.

Volume Prescribed: ◯ 1 mL ◯ 2 mL ◯ 3 mL ◯ 4 mL ◯ 5 mL ◯ 10 mL **Refills:** _____

Only available if patients on >50 units

INJECTION SUPPLIES - NO SUPPLIES WILL BE SENT UNLESS INDICATED

☐ **_____ pack(s) of Injection supplies ($5 per pack)**
1 pack contains (#10 (31 gauge 5/16") 1 mL insulin syringes +10 alcohol swabs+ patient instructional brochure

☐ **_____ set(s) of bulk supplies ($25 per set)**
1 set contains supplies for 10 kits

Ship to: ◯ Patient ◯ Prescriber **Bill to:** ◯ Patient ◯ Prescriber ____ /____ in order

Signature _____ Dispense as written _____ Substitution Permissable

Date ____ /____ /____ Printed Name _____

NPI: _____ Phone Number _____

Office Address _____

City _____ Zip Code _____

By signing above I (the prescriber), agree that the patient named above is under my care and the above compounded prescription will have a significant difference for my patient. The formulas and/or statements listed are provided for educational purposes only. They are compounding ideas that have commonly been requested by physicians, and have not been evaluated by the Food and Drug Administration. Formulas and/or materials listed are not to be interpreted as a promise, guarantee or claim of therapeutic efficacy or safety. The information contained herein is not intended to replace or substitute for conventional medical care, or encourage its abandonment. Every patient is unique, and formulas should be adjusted to meet their individual needs. Sweetgrass Pharmacy does not compound copies of commercially available products. No claims are made as to the safety, efficacy, or use of these ingredients or formulations.