

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Semaglutide 5mg/2ml**

Quantity (choose one):

2ml    4ml    6ml    8ml

**Sig:**

- Inject 0.25mg (0.1ml) SQ weekly
- Inject 0.5mg (0.2ml) SQ weekly
- Inject 1mg (0.4ml) SQ weekly
- Inject 1.7mg (0.68ml) SQ weekly
- Inject 2mg (0.8ml) SQ weekly
- Inject 2.4mg (0.96 ml) SQ weekly

Directions:

Notes:

**Tirzepatide 30mg/3ml**

Quantity (choose one):

3ml    6ml    9ml    12ml

**Sig:**

- Inject 2.5mg (0.25ml) SQ weekly
- Inject 5mg (0.5ml) SQ weekly
- Inject 7.5mg (0.75ml) SQ weekly
- Inject 10mg (1ml) SQ weekly
- Inject 12.5mg (1.25ml) SQ weekly
- Inject 15mg (1.5 ml) SQ weekly

Directions:

Notes:

Signature: \_\_\_\_\_

Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ DEA: \_\_\_\_\_

Address: \_\_\_\_\_