



General Clinic Semaglutide Order Form
NOTE: All meds shall be shipped to Patient

Today's Date _____ Patient's Name _____

Patients' Date of Birth _____ Patient's Phone Number _____

Patient's Shipping Address _____

Biometrics Height (cm) _____ Weight (kg) _____ Waist Circumference (cm) _____

Choose Semaglutide Dose* Semaglutide 5 mg / 1 mg / 2 ml --- 2 ml vial

Semaglutide 10 mg / 2 mg / 4 ml --- 4 ml vial

Directions Inject 0.27 mg subcutaneously every week for 4 weeks

Inject 0.54 mg subcutaneously every week for 4 weeks

Inject 1.08 mg subcutaneously every week for 4 weeks

Inject 2.16 mg subcutaneously every week for 4 weeks

Inject 2.5 mg subcutaneously every week for 4 weeks

Other Directions _____ Refills _____

Prescriber's Name and Title _____

Prescriber's Signature _____

Prescriber NPI _____ Phone Number _____

Your Clinic Location _____

*May or may not contain B-12, Glycine, or L-Carnitine; depending on available formulations

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