



General Clinic Tirzepatide 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 Tirzepatide Directions. By completing this form, you acknowledge the correct vial size shall be chosen by Pill Pals to accommodate the weekly dosing amount you choose.

**Tirzepatide
Directions**

- ☐ Inject 2.25 mg subcutaneously every week for 4 weeks
- ☐ Inject 2.5 mg subcutaneously every week for 4 weeks
- ☐ Inject 4.5 mg subcutaneously every week for 4 weeks
- ☐ Inject 5 mg subcutaneously every week for 4 weeks
- ☐ Inject 6.75 mg subcutaneously every week for 4 weeks
- ☐ Inject 7.5 mg subcutaneously every week for 4 weeks
- ☐ Inject 9 mg subcutaneously every week for 4 weeks
- ☐ Inject 10 mg subcutaneously every week for 4 weeks
- ☐ Inject 11.25 mg subcutaneously every week for 4 weeks
- ☐ Inject 12.5 mg subcutaneously every week for 4 weeks
- ☐ Inject 13.5 mg subcutaneously every week for 4 weeks
- ☐ Inject 15 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*
Phone – 855.816.7257 * Fax – 855.746.7257 * www.pillpals.co * info@pillpals.co