

# SEMAGLUTIDE SUBLINGUAL SUSPENSION

Prescriber:		Patient:	DOB:
Address:		Phone:	Sex:
City:	State:	Address:	
Zip:	City:	State:	Zip:
Phone:	Fax:	City:	State:
DEA:	NPI:	Email:	
Allergies:			

WEIGHT LOSS   SEMAGLUTIDE SUBLINGUAL SUSPENSION			
STRENGTH	NUMBER OF 30 ML BOTTLES	DOSING AND REGIMEN	REFILLS
<input type="checkbox"/> 1.0 MG/ML	<input type="checkbox"/> 1 BOTTLE	<input type="checkbox"/> BEGIN WITH A DOSE OF 0.5 MG UNDER THE TONGUE DAILY FOR 2-3 WEEKS AND INCREASE TO 1.0 MG DAILY AS TOLERATED	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/>
	<input type="checkbox"/> 2 BOTTLES		3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
<input type="checkbox"/> 2.0 MG/ML	<input type="checkbox"/> 2 BOTTLES	<input type="checkbox"/> PLACE 1.0 MG UNDER THE TONGUE ONCE DAILY  ALTERNATIVE INSTRUCTIONS:	6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/>
	<input type="checkbox"/> 3 BOTTLES		9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/>

Comments:

**PRESCRIBER:**

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

Date:

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