GLP-1 Order Form

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Pharmacy To Dispense Semaglutide/Niacinamide/Cyanocobalamin

2.5/2/0.5 mg/mL (MDV)

(Please Select SIG:)

☐	Inject 10 units (0.25 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 20 units (0.5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 40 units (1 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 60 units (1.5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 70 units (1.75 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 80 units (2 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 100 units (2.5 mg) SQ weekly for 4 weeks and titrate UD
☐	

Quantity: 1 Month	Other: _____(60 day max)	# of refills:_____

Add your body text

Tirzepatide/Niacinamide/Cyanocobalamin 10/2/0.5 mg/mL (MDV)

(Please Choose SIG:)

☐	Inject 25 units (2.5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 50 units (5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 75 units (7.5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 100 units (10 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 125 units (12.5 mg) SQ weekly for 4 weeks and titrate UD
☐	Inject 150 units (15mg) SQ weekly for 4 weeks and titrate UD
☐	

Quantity: 1 Month	Other: _____(60 day max)	#of refills:_____

Pricing

Semaglutide/Niacinamide/Cyanocobalamin

Dose	Units/wk	Vial Size	Price
0.25 mg	10	1 mL	$89
0.5 mg	20	1 mL	$89
1 mg	40	2 mL	$119
1.5 mg	60	3 mL	$159
2 mg	80-100	4 mL	$199
2.5 mg	101+	5 mL	$249

•Price Per Month

Tirzepatide/Niacinamide/Cyanocobalamin

Dose	Units/Wk	Vial Size	Price
2.5 mg	25	1 mL	$149
5 mg	50	2 mL	$199
7.5 mg	75	3 mL	$249
10 mg	100	4 mL	$299
12.5 mg	125	5 mL	$349
15 mg	150	6 mL	$399

•Price Per Month

Prescriber Information

PROVIDER NAME:	
DEA #:	PHONE #:
PROVIDER SIGNATURE:	DATE:

Robins Pharmacy

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Warner Robins, GA 31088

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