



GLP-1 Order Form

Prescriber Information

Physician Name NPI

Clinic Name

Clinic Address Ste #

City State Zip

Phone Email

Patient Information

Patient Name DOB

Phone Email

Patient Address Apt #

City State Zip

Medication Order

Semaglutide 2.5mg/mL QTY
 5mL Dispense Volume
 12.5mg Total

Unit Conversion Chart		
2.5mg/mL		
Volume	Units	Milligrams
0.1mL	10	0.25
0.2mL	20	0.5
0.4mL	40	1.0
0.7mL	70	1.75
1.0mL	100	2.50

Semaglutide 1mg/mL QTY
 5mL Dispense Volume
 5mg Total

Unit Conversion Chart		
1mg/mL		
Volume	Units	Milligrams
0.25mL	25	0.25
0.50mL	50	0.5
1.0mL	100	1.0

My patient would like to learn more about OTC supplements that mitigate GLP-1 side effects.

Please include a 30 day supply of syringes.

Directions for Use Refills

Physician Name NPI

Physician Signature Date