



Prescription & Compounding Order Pad

754 S Goldenrod Rd
Orlando, FL 32822

P: 407-243-2513
F: 407-243-2223

Patient Information

Patient Name: _____ DOB: _____
Address: _____ Phone: _____
Allergies: _____ Weight: _____

Prescription / Compound Order:

Semaglutide / Glycine Options:

☐	Semaglutide/Glycine Injectable	— 0.25 mg (Inject 0.25 mg subQ once weekly)	\$249 Qty: 2mL	Refill: _____
☐	Semaglutide/Glycine Injectable	— 0.5 mg (Inject 0.5 mg subQ once weekly)	\$249 Qty: 2mL	Refill: _____
☐	Semaglutide/Glycine Injectable	— 1.0 mg (Inject 1.0 mg subQ once weekly)	\$299 Qty: 2x2mL	Refill: _____
☐	Semaglutide/Glycine Injectable	— 1.7 mg (Inject 1.7 mg subQ once weekly)	\$369 Qty: 5mL	Refill: _____
☐	Semaglutide/Glycine Injectable	— 2.4 mg (Inject 2.4 mg subQ once weekly)	\$499 Qty: 2x5mL	Refill: _____

Tirzepatide / Glycine Options:

☐	Tirzepatide/Glycine Injectable	— 2.5 mg (Inject 0.2 mL subQ weekly)	\$269 Qty: 2mL	Refill: _____
☐	Tirzepatide/Glycine Injectable	— 5.0 mg (Inject 0.4 mL subQ weekly)	\$269 Qty: 2mL	Refill: _____
☐	Tirzepatide/Glycine Injectable	— 7.5 mg (Inject 0.6 mL subQ weekly)	\$499 Qty: 2x2mL	Refill: _____
☐	Tirzepatide/Glycine Injectable	— 10 mg (Inject 0.8 mL subQ weekly)	\$499 Qty: 2x2mL	Refill: _____
☐	Tirzepatide/Glycine Injectable	— 12.5 mg (Inject 1.0 mL subQ weekly)	\$499 Qty: 2x2mL	Refill: _____
☐	Tirzepatide/Glycine Injectable	— 15 mg (Inject 1.2 mL subQ weekly)	\$599 Qty: 3x2mL	Refill: _____

Important Clinical Notes / Compounding Info:

- All compounded GLP-1 preparations include 5 mg Glycine unless otherwise specified.
- If prescribing Glycine, please include the clinical rationale on the prescription to permit fulfillment.
- Example compositions: Glycine 5mg / Semaglutide 1mg/mL; Glycine 5mg / Tirzepatide 12.5mg/mL.
- Verify patient weight and allergies prior to dispensing.

Clinic Rational:

Example: preserve muscle mass, reduce gastrointestinal discomfort, etc.

Clinic Rational: _____

Prescriber Information

Prescriber: _____ NPI: _____ DEA: _____

Signature: _____ Date: _____

Pharmacy Use Only: Date Received: _____ Pharmacist Initials: _____ Lot#: _____

*Protocol GLP-1 Medications - Local providers utilize the additive in the GLP-1 compound to "preserve muscle mass, reduce gastrointestinal discomfort, etc."
If the provider writes the prescription to include Glycine and provides the necessary clinical rationale, we will be able to fulfill the request.
Please note that all compounded GLP-1 preparations contain 5mg of Glycine.*