

TIRZEPATIDE PRESCRIPTION ORDER FORM (10 mg/mL & 20 mg/mL)

Patient Information										
Last Name: First					st Name:				MI	
Address:									Apt #	
City: State:		State:	te:				Phone #:			
Date of Birth (mm/dd/yyyy)			Sex: M							
Prescriber Information										
Prescriber's Name:										
Phone #: Fax #:										
Street Name:										
City:				State:			ZIP:			
NPI:						DEA:				
Compounded Tirzepatide Injection Schedule										
Mark intended starting dose below. Titration will then increase according to schedule.	Each dose is injected once a week for 4 weeks. After 4 weeks, you move up to the next dose. Each dose is to be injected in the subQ tissue of the abdomen within 2 inches of the navel. *vials expire 28 days after punctured.*									
	Tirzepatide 10 mg/mL									
2.5 mg	25 units (0.25 mL) weekly x 4 weeks					Quantity: 1 mL		Refills:		
5 mg	50 units (0.5 mL) weekly x 4 weeks					Quantity: 2 mL R				
Tirzepatide 20 mg/mL										
7.5 mg	37.5 units (0.375 mL) weekly x 4 weeks					Quantity: 2 mL		Refills:		
10 mg	50 units (0.5 mL) weekly x 4 weeks				Qı	Quantity: 2 mL		Refills:		
12.5 mg	62.5 units (0.625 mL) weekly x 4 weeks				s Qi	Quantity: 3 mL			Refills:	
15 mg	75 units (0.75 mL) weekly x 4 weeks					Quantity: 3 mL Re				
Other Instructions:										
Zofran Prescription: Ondansetron ODT 8mg 1t sublingual every 4 hours as needed										
Include syringes, needles, and injection supplies (e.g., alcohol wipes).										

Date