



Prescription Form

Direct Phone: (573) 545-5278

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2909 Falling Leaf Lane

Columbia, MO 65201

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

Patient Information

Form with fields for Last Name, First Name, MI, Address, Apt #, City, State, ZIP, Phone #, Date of Birth, Sex, and Email.

Prescriber Information

Form with fields for Prescriber's Name, Phone #, Fax #, Street Name, City, State, ZIP, NPI, and DEA.

Compounded Tirzepatide Injection Schedule

Table with 4 columns: Dose, Frequency, Quantity, Refills. Includes instructions for starting dose and titration.

Other Instructions section with checkboxes for Zofran Prescription and injection supplies.

Date

X Substitution Permitted

X Dispense As Written