NextRx

Prescription Form

Direct Phone: (573)920-3273
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2909 Falling Leaf Lane
Columbia MO, 65201

TIRZEPATIDE PRESCRIPTION ORDER FORM

1 Patient Information

Last Name	First Name		MI
Address			Apt. #
City	State	ZIP	Phone Number
Date of Birth (mm/dd/yyyy)	Sex ☐ M ☐ F	Email	

2 Prescriber Information

Prescriber's Name		
Phone Number	Fax Number	
Street Name		
City	State	ZIP
NPI	DEA	

Tirzepatide Injections 2ml vial Prescription

Mark intended starting dose below. Titration will then increase according to schedule.	Tirzepatide /Glycine/ B12 10mg /5mg/.5 mg/ml Schedule	
2.5.mg	☐ 25 units(0.25 ml) weekly x 4 weeks	Refills: _____
5 mg	☐ 50 units(0.5 ml)weekly x 4 weeks	Refills: _____
7.5 mg	☐ 75 units(0.75 ml)weekly x 4 weeks	Refills: _____
10 mg	☐ 100 units(1 ml)weekly x 4 weeks	Refills: _____
12.5 mg	☐ 125 units(1.25 ml)weekly x 4 weeks	Refills: _____
15 mg	☐ 150 units(1.50 ml)weekly x 4 weeks	Refills: _____

- **Injection supplies are included with your order.**
- **Medication may have a pink or red tint due to the B12 in the vial.**

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.

GLYCINE
Possible benefits include:
- Improved sleep and memory
- Reduces muscle loss with weight loss
- Helps maintain heart health
- Aids in digestion
- Helps maintain liver health

Other Directions: _____

☐ **Zofran Prescription** Zofran ODT 8mg 1 every 4 hours as needed Quantity: 30

_____
Date

X_____
Subsitution Permitted

X_____
Dispense As Written