



# SPECIALTY COMPOUNDING

2222 Indiana Ave, Lubbock, TX 79410  
Call/Text: 806.209.5140

**PRESCRIBER ORDER FORM**  
FAX COMPLETED FORM TO: 806-209-5141

Patient Name: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Fax: \_\_\_\_\_

Allergies: \_\_\_\_\_

DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

## ORAL WEIGHT LOSS

Bupropion 37.5mg/naltrexone 3 mg capsule

Take 1 capsule PO daily for 1 week, then twice daily thereafter.

Phentermine/topiramate capsule  15 mg/12.5 mg  30 mg/12.5 mg

Take 1 capsule PO  every morning  daily  twice daily

Phentermine capsule  15 mg  37.5 mg

Take 1 capsule PO  every morning  daily  twice daily

Bella (bupropion/phentermine/topiramate/naltrexone/B12)

#1 (37.5 mg/5 mg/8 mg/3 mg/1 mg)

#2 (65 mg/20 mg/15 mg/8 mg/1 mg)

Take 1 capsule PO  every morning  daily  twice daily

Naltrexone capsule  1.5 mg  3 mg  4.5 mg

Take 1 capsule PO  every morning  daily  twice daily

Additional Instructions: \_\_\_\_\_

Dispense \_\_\_\_\_ month supply

Refills 1 2 3 4 5

## WEIGHT LOSS INJECTABLES

Semaglutide/methylcobalamin (B 12) 2.5 mg/0.2 mg/mL injection\*

Month 1: Inject 0.25 mg (10 units on syringe) subcutaneous once weekly for 4 weeks. Dispense 1 mL

Month 2: Inject 0.5 mg (20 units on syringe) subcutaneous once weekly for 4 weeks. Dispense 1 mL

Month 3: Inject 1 mg (40 units on syringe) subcutaneous once weekly for 4 weeks. Dispense 2 mL

Months 4 + Inject 1.5 mg (60 units on syringe) subcutaneous once weekly for 4 weeks. Dispense  3 mL  4 mL

Tirzepatide/methylcobalamin (B 12) 20 mg/0.2 mg/mL injection\*

Month 1-2 Dispense 1 mL

Inject 2.6 mg (13 units on syringe) subcutaneous once weekly for 4 weeks.

Inject 5 mg (25 units on syringe) subcutaneous once weekly for 4 weeks.

Month 3 Dispense 2 mL

Inject 7.6 mg (38 units on syringe) subcutaneous once weekly for 4 weeks.

Inject 10 mg (50 units on syringe) subcutaneous once weekly for 4 weeks.

Months 4 + Dispense 3 mL

Inject 12.6 mg (63 units on syringe) subcutaneous once weekly for 4 weeks.

Inject 15 mg (75 units on syringe) subcutaneous once weekly for 4 weeks.

Additional Instructions: \_\_\_\_\_

Refills 1 2 3 4 5

Include Ondansetron 4mg ODT, Quantity 4

\* Complete titration not necessary once desired weight loss or glucose control achieved.

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### DELIVERY

Patient Picks up and Pays

Bill and Ship to Clinic

Bill and Ship to Patient

IF YOU DO NOT SEE WHAT YOU NEED, PLEASE CALL: 806-209-5140