WELLNESS PEPTIDES

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: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Date of Birth: _____
Allergies: _____

Prescriber Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA: _____ NPI: _____

INJECTABLE PEPTIDES

☐ BPC-157 5 mg/mL
Inject _____ mcg subq near site of injury daily.

☐ BPC-157/TB-500 5 mg/5 mg/mL
Inject _____ mcg subq ____ times weekly.

☐ CJC-1295/Ipamorelin 1 mg/1 mg/mL
Inject _____ mcg subq qHS on an empty stomach.
Cycle injections: 5 continuous days and stop for 2 days.

☐ Epithalon 2 mg/mL
Inject _____ mg subq 30-60min before bedtime for _____ days.

☐ GHK-Cu 10 mg/mL
Inject _____ mg daily for _____ days.

☐ Kisspeptin 2 mg/mL
Inject _____ mcg 1 hour before bedtime daily.

☐ MOTS-c 10 mg/mL
Inject a total dose of _____ mg split evenly between ____ weekly doses.

☐ PT-141 2 mg/mL
Inject 1.75 mg subq 45 minutes before sexual activity.
Do not use for more than 8 days in a month.

☐ Sermorelin 0.8 mg/mL
Inject _____ mcg subq 30-60 minutes before bed.
Cycle injections: 5 continuous days and stop for 2 days.

☐ TB-500 5 mg/mL
Inject _____ mcg subq twice weekly.

☐ Tesamorelin 4 mg/mL
Inject _____ mg subq at bedtime ☐ daily ☐ cycle 5 days, 2 days off

☐ Thymosin alpha-1 3 mg/mL
Inject 1.6 mg twice weekly.

OTHER PEPTIDES

☐ Ivy Blue face cream 20 gm
(GHK-Cu/hyaluranic acid/niacinamide)
Apply to face and neck daily.

☐ Ivy Blue face cream w/ estriol 20 gm
(GHK-Cu/hyaluranic acid/niacinamide)
Apply to face and neck daily.

☐ Oxytocin nasal spray 100 IU/mL
_____ sprays 30-45 minutes before sexual activity.

☐ PT-141 nasal spray 10 mg/mL
_____ sprays 45 minutes before sexual activity.

☐ Semax/selank nasal spray 2.5 mg/2.5 mg/mL
_____ sprays _____ times daily.
Cycle 5 continuous days and 2 days off.

Additional Instructions: _____

Dispense _____ supply Refills _____

DELIVERY

☐ Patient Picks up and Pays
☐ Bill and Ship to Clinic
☐ Bill and Ship to Patient

PROVIDER SIGNATURE: _____ **DATE:** _____

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

ivy-rx.com