



www.trianglecompounding.com
3700 Regency Parkway, Suite 140
Cary, NC 27518

Phone 919-858-0809/ Fax 919-858-5145

Patient: _____ Date: _____

Address (shipping): _____

Phone: _____ / _____ Date of Birth: _____

Allergies: _____

Semaglutide Once Weekly SQ Injection	Tirzepatide Once Weekly SQ Injection
Personalize how much Semaglutide for your patient: ____ Semaglutide 0.2mg/0.25ml Refills: _____ ____ Semaglutide 0.4mg/0.5ml Refills: _____ ____ Semaglutide 0.8mg/0.5ml Refills: _____ ____ Semaglutide 1.4mg/0.5ml Refills: _____ ____ Semaglutide 2.1mg/0.5ml Refills: _____ ____ Semaglutide 2.7mg/0.5ml Refills: _____ ____ Semaglutide 3.2mg/0.59ml Refills: _____ *0.1ml = 10 units on insulin syringe	Personalize how much Tirzepatide for your patient: ____ Tirzepatide 2.1mg/0.25ml Refills: _____ ____ Tirzepatide 4.2mg/0.5ml Refills: _____ ____ Tirzepatide 6.4mg/0.5ml Refills: _____ ____ Tirzepatide 8.5mg/0.5ml Refills: _____ ____ Tirzepatide 11.1mg/0.5ml Refills: _____ ____ Tirzepatide 13.75mg/0.39ml Refills: _____ ____ Tirzepatide 16.5mg/0.47ml Refills: _____ *0.1ml = 10 units on insulin syringe

Dispense: 4 week supply Includes injection supplies (insulin syringes and alcohol prep pads). A different concentration may be used to fill the prescription if medication is in short supply.

Additional notes/more personalized dosing:

Provider Signature: _____

Provider Name (Print): _____ NPI # _____

Office Name: _____

Office Address: _____

City, State, Zip: _____

Phone / Fax: _____

