

## COMPOUNDED INJECTABLE **GLP-1 RX ORDER FORM**

**West Towne Pharmacy** 1619 West Market St. Johnson City, TN 37604 P: 423-926-9137

F: 423-926-7321

PATIENT NAME:		DOB:	PHONE:	
ADDRESS:				
ALLERGIES:				
Please complete the above demographics or send	in a face sheet.			
GLP-1 INJECTABLES				
Semaglutide 2.5mg/mL Injection	Solution MDV			
QTY	L) **\$260/2mL**			
SIG: Inject mg or mLs sub	cutaneously once a we	ek.		
				_
NAUSEA				
Ondansetron 4mg ODT Tablets SIG: Place 1 tablet on the tongue, a			urs as pooded for pauses	
310. Flace I tablet of the torigue, a	move to dissolve their s	wallow every of lo	ars as riceded for riadsea.	
PRESCRIBER NAME:	NPI:	DE	· A•	
ADDRESS:	IAE 1.	DE	.m.	
PHONE:	FAX:	CO	NTACT PERSON:	
PRESCRIBER SIGNATURE:	DATE:	RE	FILLS:	



WEST TOWNE PHARMACY 1619 WEST MARKET ST. JOHNSON CITY, TN 37604

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Semaglutide 2.5mg/mL Injection Solution MDV QTY				
PRESCRIBER NAME:				
NPI/DEA: PHONE:				
PRESCRIBER SIGNATURE:				
DATE: REFILLS:				
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PATIENT NAME:	
DOB:	PHONE:
ADDRESS:	
ALLERGIES:	
Please complete the above o	demographics or send in a face sheet.
QTY #2mL # #2mL # # SIG: Inject mg Ondansetron 4m; QTY #10 #30 SIG: Place 1 tablet o	_
PRESCRIBER NAME:	
NPI/DEA:	PHONE:
PRESCRIBER SIGNATU	JRE:
DATE:	REFILLS:



PATIENT NAME: \_

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Semaglutide 2.5mg/mL Injection Solution MDQTY	ķ	

PRESC	KIREK	NAME:	
NPI/DE	A:		

PHONE:

**PRESCRIBER SIGNATURE:** 

DATE: REFILLS: