



2222 Indiana Ave.
Lubbock, TX 79410

Patient Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Allergies: _____

Provider Name: _____

DEA #: _____ NPI #: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

SEMAGLUTIDE/ METHYLCOBALAMIN (B12) 2.5mg/0.2mg/mL INJECTION *

- Month 1 (0.25 mg/wk)** : Inject 0.1 mL (10 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 1 mL
- Month 2 (0.5 mg/wk)** : Inject 0.2 mL (20 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 1 mL
- Month 3 (1 mg/wk)** : Inject 0.4 mL (40 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 2 mL
- Month 4 and After (1.5 mg/wk)** : Inject 0.6 mL (60 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 3 mL
- Include Ondansetron 4mg ODT, Quantity 4**

Additional Instructions: _____

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

TIRZEPATIDE/ METHYLCOBALAMIN (B12) 20mg/0.2mg/mL INJECTION *

Month 1-2

- 2.6 mg dose** : Inject 0.13 mL (13 units on insulin syringe) subcutaneous once weekly for 4 weeks.
- 5 mg dose** : Inject 0.25 mL (25 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 1 mL

Month 3-4

- 7.6 mg dose** : Inject 0.38 mL (38 units on insulin syringe) subcutaneous once weekly for 4 weeks.
- 10 mg dose** : Inject 0.50 mL (50 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 2 mL

Month 5 and After

- 12.6 mg dose** : Inject 0.63 mL (63 units on insulin syringe) subcutaneous once weekly for 4 weeks.
- 15 mg dose** : Inject 0.75 mL (75 units on insulin syringe) subcutaneous once weekly for 4 weeks.
Dispense 3 mL

- Include Ondansetron 4mg ODT, Quantity 4**

Additional Instructions: _____

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

DELIVERY

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

PROVIDER SIGNATURE: _____

DATE: _____

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