



Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Call When Ready     Text Message When Ready     Delivery     Mail Out

**Semaglutide 2mg/ml in SubMagna HMW Sublingual Drops** Qty: #17ml

Sig: Place and hold 0.5ml (1mg) under the tongue once daily. Hold in mouth for as long as possible then swallow. Do not eat or drink for at least 30 minutes after taking.

**Semaglutide 4mg/ml in SubMagna HMW Sublingual Drops** Qty: #17ml

Sig: Place and hold 0.5ml (2mg) under the tongue once daily. Hold in mouth for as long as possible then swallow. Do not eat or drink for at least 30 minutes after taking.

*\*Note to provider - If patient doesn't notice benefit after the first month, it is recommended they increase to 4mg/ml concentration, using 0.5ml (2mg) under the tongue once daily. If both the semaglutide 2mg/ml & 4mg/ml formulas are ordered, the 4mg/ml formula will be placed on file for future use if needed.*

**For E-Prescribing:**

1. Select the desired pharmacy in EMR system
2. Select Rybelsus 14mg Tablets
3. For the Sig enter:  
 Compounded Semaglutide 2mg/ml (or 4mg/ml) in SubMagna HMW Sublingual Drops [along with the above selected instructions]
4. For quantity enter: 17ml
5. Enter refills and then submit

Refills: 1 2 3 4 5 PRN

\_\_\_\_\_  
**Healthcare Provider Signature:**

Print Name: \_\_\_\_\_ NPI/DEA \_\_\_\_\_

Provider: \_\_\_\_\_  
 Clinic Name & Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

