



ScriptWorks
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Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

COMPOUNDED SUBLINGUAL GLP-1 MEDICATIONS

1. ____ CMPD Semaglutide 2mg/1ml in [SubMagna™ HMW](#) QTY ____15ml or ____30ml
 - i. ____ ***INITIAL DOSE*** Place 0.25ml (0.5mg) under tongue for 90 seconds minimum – swallow once daily, increase to 0.5ml 1mg(on second week, do not eat for 30 minutes
 - ii. ____ ***MAINTENANCE DOSE*** Place 0.5ml (1 mg) under tongue for 90 seconds minimum – swallow once daily, do not eat for 30 minutes.
 - iii. ____ ***INCREASED DOSE***- Semaglutide 3mg/ml – Place 0.5ml (1.5mg) under tongue for 90 seconds minimum of 90 seconds– swallow once daily
 - iv. ____ ***OTHER*** _____

One does NOT have to use this order form for prescribing and could simply E-Prescribe through normal conventional systems should that be desired.

The below QR-Codes and Website Links are anticipated to be useful for any interested party to review. The more informed a person is related to this approach, the greater the likelihood the clinical objective is achieved. Please feel free to share these links with other interested parties.



[WWW.SUBSEMA.COM](http://www.subsema.com)



[WWW.SUBMAGNA.COM](http://www.submagna.com)

Refills: (Number of refills indicated here refers to all medications prescribed above) ____1 year ____5 ____3 ____1 ____Zero

PRESCRIBER'S SIGNATURE: X _____ **DATE:** _____

CMPD refers to a compounded medication. Additional compounded sublingual options anticipated to include Tirzepatide are anticipated to be available for consideration/prescribing in coming months. FDA does not review compounded medication for safety or efficacy.