

Prescriber Clinic Information

Practice Name:

Street Address:

City:

Province:

Postal Code:

Patient Information

Full Name:

DOB:

Street Address:

City:

Province:

Postal Code:

Phone:

Email:

Allergies:

Sex:

Health Card:

Rx: Semaglutide 1mg/mL (note: strength) compounded sterile injection
Dose titration instructions (select all that apply):
 Inject 0.25mL (= 0.25mg) subcutaneously once weekly x 4 weeks

 Inject 0.5mL (= 0.5mg) subcutaneously once weekly x 4 weeks

 Inject 1mL (= 1mg) subcutaneously once weekly x 4 weeks

 Inject 1.5mL (= 1.5mg) subcutaneously once weekly x 4 weeks

 Inject 2mL (= 2mg) subcutaneously once weekly x 4 weeks

 Inject 2.5mL (= 2.5mg) subcutaneously once weekly x 4 weeks

 Inject ___mL (= ___mg) subcutaneously once weekly x 4 weeks

Prescriber Section

I confirm that I have screened the patient for: allergy to semaglutide, benzyl alcohol, and phenol, family/personal history of Medullary Thyroid Cancer (MTC), personal history of Multiple Endocrine Neoplasia, and pregnancy/breastfeeding, as well as other therapeutic options, and that this is a suitable treatment for the patient at this time.

Prescriber Name:

Phone #:

License #:

Prescriber Signature:

Date: