

WEST GATE PHARMACY

COMPOUND PRESCRIPTION ORDER – SEMAGLUTIDE SUBLINGUAL SUSPENSION

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____

Prescription Details:

Drug: Semaglutide 2 mg/mL Sublingual Suspension

Quantity: 30 mL

Directions:

- Week 1–2: Take 0.25 mL (0.5 mg) sublingually once daily
- Week 3–4: Take 0.5 mL (1 mg) sublingually once daily
- Week 5+: Take 1 mL (2 mg) sublingually once daily
- Hold under tongue and do not eat, drink, or brush teeth for 45 minutes after dosing.
- Patient may split daily dose (e.g., 0.5 mL in morning, 0.5 mL in evening) for enhanced absorption.

Refills: ____ ICD-10 Code (optional): _____

Notes / Special Instructions:

Prescriber Signature: _____ Date: _____

Please Fax this back to: 501-620-4540