KTGEN

Date: ___/__/____

Patient		D.O.B.
SSN	DL #	
Home Phone	Mobile	
Address		
City	State	Zip Code

GLP-1 SEMAGLUTIDE SUBLINGUAL

Compounded Semaglutide Sublingual 1mg/ml

QTY: 30ml: \$208

SIG: Place 0.3ml under your tongue for 90 seconds then swallow every day, after 1 week increase to 0.5ml, if necessary increase dose to 1ml based on response. **nothing by mouth (food/drink/medications) within 30 minutes of dose**

REFILLS: 1 2 3 4 5 6 7 8 9 10 11 12

Compounded sublingual Semaglutide is being compounded using crushed RYBELSUS® tablets to obtain the Semaglutide. 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. RYBELSUS® is a registered trademark of Novo Nordisk A/S.

GLP-1 SEMAGLUTIDE INJECTABLE

Compounded Semaglutide 2.5mg/ml

QTY: 2ml vial (5mg): \$248 4ml vial (10mg): \$348

sig: 🗌

Inject 0.1ml once weekly subcutaneously weeks 1-4, Increase dose to 0.2ml once weekly on weeks 5-8, Increase dose to 0.4ml once weekly on weeks 9-12, Increase dose to 0.68ml once weekly on weeks 13-16, If a dosage increase is still needed, increase to 0.96ml once weekly FOR MAINTENANCE.

REFILLS: 1 2 3 4 5 6 7 8 9 10 11 12

*Sourced from a registered 503B facility.

GLP-1/GIP TIRZEPATIDE INJECTABLE

Compounded Tirzepatide 10mg/ml

QTY: 2ml vial (20mg): \$378 6ml vial (60mg): \$778

SIG:

Inject 0.25ml (2.5mg) once weekly subcutaneously weeks 1-4, Increase dose to 0.5ml (5mg) once weekly on weeks 5-8. May increase by 0.25ml every 4 weeks until an appropriate MAINTENANCE DOSE is achieved. Recommended maintenance doses are: 0.5ml (5mg), 1ml (10mg), or 1.5ml (15mg). Max dose is 1.5ml (15mg).

REFILLS: 1 2 3 4 5 6 7 8 9 10 11 12

*Sourced from a registered 503B facility.

Treatment Dose Mq Initiation 0.25ml 2.5 mg Escalation/Maintenance 0.5ml 5 mg Escalation/Maintenance 0.75ml 7.5 mg 1ml 10mg Maintenance 1.5ml 15mg Maintenance

***\$18 DISCOUNT APPLIES TO VITALITY MEMBERS FOR EACH PRESCRIPTION

Physician's Name: _____ Physician's Signature: _____



DEA#: NPI#: Phone#:

Fax#: __

Broken Arrow: 811 W. New Orleans, Ste 101, Broken Arrow, Ok 74011 • E-Scripting Search Number: NCPDP 3729805 Tulsa: 4132 E. 51st St., Tulsa, OK 74135 • E-Scripting Search Number: NCPDP 3731482

Treatment Dose Mg 0.25 mg Initiation 0.1ml Escalation 0.2ml 0.5 mg Escalation 0.4ml 1 mg Maintenance 0.68ml 1.7mg Maintenance 0.96ml 2.4mg

918-524-9365 (Broken Arrow) • 918-512-4255 (Tulsa) **PICK UP/DELIVERY OPTIONS:**

PLEASE FAX ALL PRESCRIPTIONS TO:

____ Auto Fill/Auto Ship ____ Pick Up Mail

VITALITY CONCIERGE MEMBERSHIP

\$60 per year per household • Discounts on medications

Complementary hormone consults

FREE antibiotics/allergy medications • **FREE** delivery

New Life. New You. Next Generation.

Broken Arrow Location

811 W. New Orleans, Ste 101 • Broken Arrow, OK 74011



Directions:

From OK-51W / Broken Arrow Expressway:

- Take the Elm Pl exit, go 0.3 mi
- Turn south onto N Elm Pl, go 3.8 mi
- Turn right onto E 101st St/W New Orleans St, go 0.2 mi

From the Creek Turnpike:

- Turn the New Orleans St. exit , go 0.3 mi
- Turn right onto E 101st St/W New Orleans St, go 3.2 mi

Tulsa Location

4132 E. 51st St. • Tulsa, OK 74135



Directions:

From I-44:

- Take I-44 to exit 228 for E 51st St toward Harvard Ave, go 0.2 mi
- Turn left onto E 51st St, go 0.3 mi
- NextGenRx will be on your right