Andrews Apothecary

3072 Trenwest Drive, Winston Salem, NC 27103

Phone: 336-723-1679 Fax: 336-723-1670

SUBLINGUAL SEMAGLUTIDE SAMPLE ORDER FORM TO SHARE WITH YOUR DR.

www.andrewsapothecary.com	
Patient's Name: SAMPLE PATIENT	Prescriber's Name: SAMPLE PRESCRIBER
Street Address: 123 MAIN ST	Street Address: 123 WELLNESS LANE
City, State ZIP: ANYTOWN, NC 22222	City, State ZIP: ANYTOWN, NC 22222
Date of Birth: 01/01/1961	Office #: 555-555-5555
Cell Phone #: 555-555-5555	Fax #: 555-555-5555
Height: Weight:	Patient Allergies: NKA
PRESCRIBER'S SIGNATURE: X	DATE:
COMPOUNDED SUBLINGUAL SEMAGLUTIDE	
 i Place 0.5ml under tongue once daily for a minimum of 2 minutes, (ideally as long as possible) then swallow. May increase to 1ml starting 2nd week if needed. Do not eat/drink for at least 30 minutes. ii *OTHER * 	
Prescribers	
SCAN BELOW TO LEARN MORE	
SUPPORTIVE INFORMATION	
WWW.SUBSEMA.COM_	WWW.SUBMAGNA.COM
Refills: (Number of refills indicated here refers to all medications prescribed above)	

CMPD refers to a compounded medication. Compounded sublingual Semaglutide is being compounded using crushed RYBELSUS® tablets to obtain the Semaglutide. FDA does not review compounded medication for safety or efficacy. RYBELSUS® is a registered trademark of Novo Nordisk A/S. SubMagna™ HMW is a registered trademark of Kingdom Licensing.

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