

**PEPTIDE INJECTABLES, AT-HOME USE**

<i>Clinic Name</i>	
<i>Address</i>	
<i>Phone</i>	

Prescriber		NPI/DEA	
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- ☐ New Patient (if new, please include address and phone number with DOB)
- ☐ Existing Patient (if existing, only DOB required unless information changed)

Patient Name		DOB	
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Patient Address	
Patient Phone	
Patient Email	

Allergy: \_\_\_\_\_

<input type="checkbox"/> Ship to Clinic	<input type="checkbox"/> Ship to Patient	<input type="checkbox"/> Patient/Clinic Pick-up	<input type="checkbox"/> Bill Patient	<input type="checkbox"/> Bill Clinic
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<input type="checkbox"/> <b>GLUTATHIONE, 200mg/mL INJECTION, 10mL (5-VIAL PACK)</b>	<input type="checkbox"/> <b>PENTOSAN POLYSULFATE SODIUM, 10mg/mL INJECTION, 6mL (6-VIAL PACK)</b>
<input type="checkbox"/> <b>GONADORELIN, 2mg/mL INJECTION, 4mL (4-VIAL PACK)</b>	<input type="checkbox"/> <b>SEMAGLUTIDE, 1.2mg/mL INJECTION, 6mL (4-VIAL PACK)</b>
<input type="checkbox"/> <b>LONG R3-IGF-1, 200mcg/mL INJECTION, 6mL (6-VIAL PACK)</b>	<input type="checkbox"/> <b>SERMORELIN, 2mg/mL INJECTION, 6mL (6-VIAL PACK)</b>
<input type="checkbox"/> <b>NAD+ (NICOTINAMIDE ADENINE DINUCLEOTIDE), 25mg/mL INJECTION, 10mL (5-VIAL PACK)</b>	<input type="checkbox"/> <b>NAD+ (NICOTINAMIDE ADENINE DINUCLEOTIDE), 50mg/mL INJECTION, 10mL (5-VIAL PACK)</b>

- ☐ Include syringes (extra fee)
- ☐ Permissible to compound due to intolerance to commercial product
- ☐ Permissible to compound due to sensitivity and/or intolerance to inactive ingredients in commercial product

Directions: \_\_\_\_\_ Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_