



WESTMORELAND
PHARMACY + COMPOUNDING

1945 State Street • New Albany, IN 47150 • Ph: 812.944.6500 Fx: 812.944.6900

Westmoreland Pharmacy GLP-1 Injection Order Form

Patient Name _____ DOB _____

Street _____ City _____ State/Zip _____

Phone _____ Email _____

Zip Code _____ Drug Allergies _____ HealthConditions _____

Choose Distribution Method:

Ship to Clinic

Ship to Patient

Patient Pick Up

*Shipping is an additional \$8 fee and sent via UPS Ground

*Pharmacy will contact patient for payment upon receipt of prescription

Make your selections below, using the chart provided for reference:

Semaglutide 1mg/mL dispensed in 2ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 2mL vials: 1 vial (\$99) 2 vials (\$189) **Refills** _____

Semaglutide 5mg/mL dispensed in 2ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 2mL vials: 1 vial (\$249) **Refills** _____

Tirzepatide 10mg/mL dispensed in 2ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 2mL vials: 1 vial (\$199) 2 vials (\$369) 3 vials (\$499) **Refills** _____

Directions:

Inject _____ **MILLIGRAMS**(See chart for conversions) ONCE WEEKLY subcutaneously.

*Medication may not be dispensed for more than a 1-month supply due to USP sterility guidelines



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Semaglutide 1mg/mL			
ML Per Dose/Week	MG Per Dose/Week	Units Per Dose/Week	# of 2ML Vials = 30 Days Supply
0.2ml	0.2mg	20 units	1 vial
0.25ml	0.25mg	25 units	1 vial
0.5ml	0.5mg	50 units	1 vial
0.75ml	0.75mg	75 units	2 vials
1ml	1 mg	100 units	2 vials

Semaglutide 5mg /mL			
ML Per Dose/Week	MG Per Dose/Week	Units Per Dose/Week	# of 2ML Vials = 30 Days Supply
0.2ml	1mg	20 units	1 vial
0.25ml	1.25mg	25 units	1 vial
0.3ml	1.5mg	30 units	1 vial
0.34ml	1.7mg	34 units	1 vial
0.4ml	2mg	40 units	1 vial
0.48ml	2.4mg	48 units	1 vial
0.5ml	2.5mg	50 units	1 vial

Tirzepatide 10mg /mL			
ML Per Dose/Week	MG Per Dose/Week	Units Per Dose/Week	# of 2ML Vials = 30 Days Supply
0.25ml	2.5mg	25 units	1 vial
0.5ml	5mg	50 units	1 vial
0.75ml	7.5mg	75 units	2 vials
1ml	10mg	100 units	2 vials
1.25ml	12.5mg	125 units	3 vials
1.5ml	15mg	150 units	3 vials

Provider Name _____

Provider Phone _____ NPI# _____

Provider Address _____

Provider Email _____

Provider Signature _____

Please submit using one of the following methods:

- eRx (preferred) must include *OK to compound in note field
- Fax to 812-944-6900

Info@westmorelandpharmacy.com • www.westmorelandpharmacy.com