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## Westmoreland Pharmacy GLP-1 Injection Order Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Zip Code \_\_\_\_\_ Drug Allergies \_\_\_\_\_ Health Conditions \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

### 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

### Please submit using one of the following methods:

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



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<b>Semaglutide 1mg/mL</b>			
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

  

<b>Semaglutide 5mg /mL</b>			
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

- Provider Name \_\_\_\_\_
- Provider Phone \_\_\_\_\_ NPI# \_\_\_\_\_
- Provider Address \_\_\_\_\_
- Provider Email \_\_\_\_\_
- Provider Signature \_\_\_\_\_



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