



**Westmoreland Pharmacy and Compounding**  
**Sermorelin Acetate Sublingual Order Form**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Health Conditions: \_\_\_\_\_

**Choose Distribution Method:**

Patient Pick Up	Ship to Patient (\$8 UPS Ship Fee)	Ship to Clinic
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**Make your selections below.**

**☐ Sermorelin Acetate Mini Troches**

**Refills:** \_\_\_\_\_

☐ 0.3mg (300mcg) mini troches

**Quantity:** \_\_\_\_\_

☐ 0.4mg (400mcg) mini troches

☐ 0.5mg (500mcg) mini troches

Directions: Place under the tongue at bedtime or \_\_\_\_\_ times per day as directed. Refrigerate.

**☐ Sermorelin Acetate 2000mcg/ml sublingual suspension**

**Refills:** \_\_\_\_\_

☐ 30ml

☐ 60ml

☐ 90ml

Dispensed in a glass dropper bottle with dropper markings at 0.25ml (500 mcg dose), 0.5ml (1000mcg dose), 0.75ml (1500mcg dose) and 1ml (2000mcg dose).

Store at room temperature. Do not refrigerate.

Directions: Place \_\_\_\_\_ ml under the tongue at bedtime or \_\_\_\_\_ times per day as directed.

Provider name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider email: \_\_\_\_\_

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Please submit using one of the following methods:

### E-prescribing instructions for Sermorelin Acetate compounds (preferred - easiest and fastest for retrieval)

1. Select the compound in the Medication Field. If your e-prescription program does not have a customizable compound option, select any drug here and include the compound to be dispensed in the “Notes” field.
2. Select appropriate quantity or just enter the number 1.
3. Enter directions. (For example, Place 1 mini troche under tongue at bedtime or as directed.)
4. In the notes field you must include the description of the compound to be dispensed if not indicated in the medication field. **Please include the compound name, strength and quantity.**
5. Enter refills if appropriate.
6. Enter diagnosis code if appropriate. (Not required)
7. Send to Westmoreland Pharmacy, 1945 State Street, New Albany, IN 47150.

### If eRx is not an option, this is not a problem!

- This form may be completed and faxed to 812-944-6900
- Or you may call and leave an order on our voicemail at 812-944-6500  
(Please include patient date of birth and phone number and your phone number, should there be any questions.)

Sermorelin Acetate Product	Quantity	Price
0.3mg, 0.4mg or 0.5mg mini troches	30	\$70
0.3mg, 0.4mg or 0.5mg mini troches	60	\$90
0.3mg, 0.4mg or 0.5mg mini troches	90	\$110
2000mcg/ml SL suspension	30	\$100
2000mcg/ml SL suspension	60	\$200