

Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____/____/____ Phone: () _____ - _____

Allergies: _____

**** All prescriptions are intended for prescribed patient ****

WEIGHT MANAGEMENT

	Medication	Concentration	Directions	Supplied	Refills
Lipotropic Therapy	Lipotropic B12 (methionine, inositol, choline, methylcobalamin)	15mg/50mg/25mg/1mg per mL	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	GAC (L-glutamine, L-arginine, L-carnitine)	25mg/100mg/200mg/ml	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Semaglutide with L-Carnitine	2.65mg / 100mg per ml	<input type="checkbox"/> week 1-4: INJ 0.1mL SQ qWK, week 5-8: INJ 0.2mL SQ qWK, week 9-12: INJ 0.4mL SQ qWK, week 13-16: INJ 0.8 SQ qWK, week 17 onward: INJ 1mL SQ qWK <input type="checkbox"/> INJ 0.1mL (10 units) SQ QW, may increase 0.1mL each week as tolerated to a maximum dose of 1mL QW	<input type="checkbox"/> 2mL <input type="checkbox"/> 2 x 2mL <input type="checkbox"/> 3 x 2mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Branch Chain Amino Acid (BCAA) (L-isoleucine, L-leucine, L-valine)	15mg/10mg/40mg per ml	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Mega-Burn (methionine, inositol, choline, thiamine, riboflavin-5-phosphate, niacinamide, pyridoxine, dextranthenol, 5-methyltetrahydrofolate (MTHF), methylcobalamin, sodium ascorbate, Lcarnitine, lidocaine)	15mg/25mg/12.5mg/3mg/5mg/3mg/5mg/2.5mg/ 5mg/300mcg/1.5mg/5mg/ 10mg per mL	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Vita-Chrom (chromium, methionine, inositol, choline, thiamine, riboflavin-5-phosphate, niacinamide, pyridoxine, methylcobalamin, lidocaine)	0.09mg/15mg/50mg/10mg/10mg/2mg/50mg/2mg/ 0.33mg/10mg per mL	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Ultra-Burn (methionine, inositol, choline, thiamine, riboflavin-5-phosphate, niacinamide, pyridoxine, dextranthenol, 5-methyltetrahydrofolate (MTHF), methylcobalamin, sodium ascorbate, L-carnitine, chromium, lidocaine)	15mg/50mg/12.5mg/30mg/5mg/30mg/5mg/2.5mg/5mg/300mcg/15mg/50mg/ 0.09mg/10mg per mL	INJ 1-3mL IM 1-3 qWK	<input type="checkbox"/> 3 x 10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
Immune Boost (sodium ascorbate, glutathione, thiamine, niacin, pyridoxine)	100mg/100mg/10mg/10mg/3mg per ml	INJ 0.5 - 1ml IM 1-3 qWK	<input type="checkbox"/> 10mL	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none	
Capsules	Smart-lean (methionine, inositol, choline, methylcobalamin)	15mg/50mg/100mg/1mg	Take 1 CAP PO qD	<input type="checkbox"/> 100 <input type="checkbox"/> 30	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	3-Aminos (L-leucine, L-lysine, L-arginine)	200mg/100mg/100mg	<input type="checkbox"/> Take 1 CAP PO qD <input type="checkbox"/> Take 1 CAP PO BID	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Mega-Burn (methionine, inositol, choline, thiamine, riboflavin-5-phosphate, niacinamide, pyridoxine, dextranthenol, 5-methyltetrahydrofolate (MTHF), methylcobalamin, sodium ascorbate, Lcarnitine)	15mg/25mg/12.5mg/3mg/5mg/3mg/5mg/2.5mg/ 5mg/300mcg/1.5mg/5mg	Take 1 CAP PO qD	<input type="checkbox"/> 100 <input type="checkbox"/> 30	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none
Phentermine	_____ (tablets)	<input type="checkbox"/> 15mg <input type="checkbox"/> 37.5mg	take <input type="checkbox"/> 1 <input type="checkbox"/> 2 PO qD	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> _____ <input type="checkbox"/> none
	_____ / Topiramate (capsules)	<input type="checkbox"/> 4.5mg/23mg <input type="checkbox"/> 9mg/23mg <input type="checkbox"/> 13mg/23mg <input type="checkbox"/> 16.5mg/23mg <input type="checkbox"/> 4.5mg/46mg <input type="checkbox"/> 9mg/46mg <input type="checkbox"/> 13mg/46mg <input type="checkbox"/> 37.5mg/46mg	<input type="checkbox"/> take 1 CAP PO qAM <input type="checkbox"/> take 1 CAP PO qAM for 14 days, then 2 CAP PO qAM <input type="checkbox"/> take 2 CAP PO qAM	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/> none
	Must write Phentermine in (blank provided) --- Rx containing Phentermine are only available for pharmacy pick-up or direct ship to patient				
Scale Down	Bupropion / Naltrexone SR	90mg/10mg	<input type="checkbox"/> week 1: 1 CAP PO qAM, week 2: 1 CAP PO qAM, 1 CAP PO qPM, week 3: 2 CAP PO qAM, 1 CAP PO qPM, week 4: 2 CAP PO qAM, 2 CAP PO qPM <input type="checkbox"/> 2 CAP PO qAM, 2 CAP PO qPM	<input type="checkbox"/> 70 <input type="checkbox"/> 90 <input type="checkbox"/> 120	<input type="checkbox"/> _____ <input type="checkbox"/> PRN <input type="checkbox"/> none

Additional Sig: _____

Prescriber Name: _____

Prescriber Signature: _____

DEA #: _____ NPI #: _____ Date: ____/____/____

Supervising Physician: _____ DEA #: _____

