

# MediOAK Compounding Pharmacy - COMPOUND PRESCRIPTION



Phone: 281-980-9979 | Fax: 281-993-5129

## Ways to Place an Order

1. Fax this prescription form to 281-993-5129
2. Email this prescription form to info@medioakpharmacy.com
3. Send an e-prescription through our portal

**Note:** Verbal orders are not accepted.

Patient Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Allergies: \_\_\_\_\_

## Weight Management

X	Medication	Strength	Directions	Quantity	Refills
	Semaglutide INJ	0.25mg/0.5ml	0.25 mg QWK	2ml	
	Semaglutide INJ	0.5mg/0.5ml	0.5 mg QWK	2ml	
	Semaglutide INJ	1mg/0.75ml	1.0 mg QWK	3ml	
	Semaglutide INJ	1.7mg/0.75ml	1.7 mg QWK	3ml	
	Semaglutide INJ	2mg/0.75ml	2.0 mg QWK	3ml	
	Lipotropic B12 INJ (methionine, inositol, choline, methylcobalamin)	15mg/50mg/25mg/1mg per mL	INJ 1-3mL IM 1-3 QWK	<input type="checkbox"/> 3 x10mL <input type="checkbox"/> 10mL	<input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Triple Amino Boost Capsules (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"/> PRN <input type="checkbox"/> none
	Phentermine/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"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Bupropion / Naltrexone SR Capsules	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"/> 12	<input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none

notes: \_\_\_\_\_

## Prescriber Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

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