GENESIS COMPOUNDING

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TIRZEPATIDE (10mg/mL and 20mg/mL) & Vitamin B6 (10mg/mL) ORDER FORM

Patient Information			
Last Name:	First Name:	MI:	
Address:			Apt#:
City:	State:	Zip:	Phone#:
DOB (mm/dd/yyyy):	Sex: M ☐ F ☐	Email:	
Drug Allergies:			ICD-10:
Home Medications:			
Prescriber Information			
Prescriber's Name:			
Phone#:		Fax#:	
Address:			
City:		State:	Zip:
NPI:		DEA:	

Compounded Tirzepatide Injection

Write intended dose below. Titration will then increase according to schedule followed by a maintenance dose.	Administer each dose subcutaneously once weekly for 4 weeks into the abdomen (at least 2 inches from the navel), anterolateral thigh, or back of the upper arms. Rotate sites weekly. After 4 weeks, you may increase to the next dose if tolerated and at the discretion of your provider. Titration is to be followed by a maintenance dose. *Vial expires 28 days after opening*

Tirzepatide (10mg/mL) & Vitamin B6 (10mg/mL)

Directions	Vial Size	# of Vials	Day Supply	# of Refills
Inject _____**mg** once weekly x 4 weeks Inject _____**units** once weekly x 4 weeks	☐ 1mL Vial NDC :54288-841-25 ☐ 3mL Vial NDC: 54288-840-25			

Tirzepatide (20mg/mL) & Vitamin B6 (10mg/mL)

Directions	Vial Size	# of Vials	Day Supply	# of Refills
Inject _____**mg** once weekly x 4 weeks Inject _____**units** once weekly x 4 weeks	☐ 2mL Vial NDC :54288-851-25 ☐ 3mL Vial NDC: 54288-842-25			

Optional Supportive Medications & Injection Supplies

Medication/ Supplies	# of Refills
☐ Ondansetron ODT 4mg Dissolve 1 tablet on tongue every 4-6 hrs. as needed for nausea #30 tablets	
☐ Include syringes, needles, and injection supplies (e.g., alcohol wipes)	

Unless listed on the FDA's drug shortage list, a prescriber must document a specific medical necessity for compound medications used in place of commercially available products. By signing this prescription, the prescriber affirms that any compounded medication requested on this form represents a clinically significant difference for the patient compared with commercially available products.

☐ Addition of vitamin B6 is intended to reduce GLP-1 associated nausea and improve patient tolerability. By checking this box, I have determined this compounded formula provides a clinically significant difference for this patient compared with commercially available products.

☐ Other (e.g. allergy, sensitivities, dosage requirements, or route of administration) _____

Date: _____ Signature: _____