

For Fax Transmittal to Patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603

Healthway Compounding Pharmacy
2544 McLeod Dr. N. Ste. 2
Saginaw, MI. 48604

Phone: 989-791-1691 • Fax: 989-791-4603

Date _____ DOB _____

Patient: _____

Address _____

City/St./Zip _____

Home Phone: _____ Alt. Phone: _____

Allergies: _____

All compounds for clinical use require a prescription written for each individual patient.

Medication will be dispensed with patient specific label and in patient specific package.

Semaglutide Rapid Dissolving Capsule (RDC) Protocol

#1 Month: Semaglutide RDC 0.3mg

Sig: Open 1 capsule and dissolve under the tongue Monday, Wednesday, and Friday

Qty: 12 caps

#2 Month: Semaglutide RDC 0.6mg

Sig: Open 1 capsule and dissolve under the tongue Monday, Wednesday, and Friday

Qty: 12 caps

#3 Month Maintenance: Semaglutide RDC 1.4mg

Sig: Open 1 capsule and dissolve under the tongue Monday, and Thursday

Qty: 8 caps

Refills (on 1.4mg): _____

For Fax Transmittal Only to Patient's Choice of Pharmacy or to Healthway Compounding Pharmacy

P: 989-791-1691 F:989-791-4603 • 2544 McLeod Dr. N. • Saginaw, MI. 48604

Prescriber Name: _____

Prescriber Signature _____

Phone number: _____

