

404 Old Trolley Rd Summerville, SC 29485 [Ph: 843-871-6944 Fax: 843-821-6512]

## SEMAGLUTIDE 1MG/ML SUSPENSION

Date :							
Patient's Name:					DOI	<b>3</b> :	
Patient's Address :							
Patient's Phone # :				Alle	ergies :		
☐ Semaglutide (From RYBEL	SUS®)	1mg/m	ıl susp	ension	in Sub	Magna – Quanti	ty : #30ml
☐ OTC Docusate Sodium 100	mg Ca	ps #30.	Take	1-3 Ca <sub>l</sub>	os by n	nouth daily prn c	onstipation.
Odansetron ODT 8mg #10 Semaglutide dose prn nau		lve 1 Ta	ab und	er ton	gue 30	minutes prior to	
<b>Sig</b> : Shake well then place 0.5ml unduration under tongue once daily starting the drink anything (except water) and do	second	week if	needed	l. Take	on an e	mpty stomach. Do	
Additional Refills: (Circle one) 0	1	2	3	4	5	11	
Physician's Name:					Pho	ne:	
Physician's Address:							
Signature:		D	FΔ #·			Date <sup>.</sup>	

<sup>\*</sup>RYBELSUS is a registered trademark of Novo Nordisk A/S.

<sup>\*</sup>SubMagna HMW is a registered trademark of Kingdom Licensing.