



U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

Patient's Name: _____ DOB: _____ Date: _____

Address: _____ Tele: _____

City: _____ State: _____ Zip: _____

Please fax orders to 864-577-0599
Please check all boxes you wish to add and write in strength if multiple exist

<p>GLP-1</p> <p><input type="checkbox"/> Semaglutide 0.5mg/ml</p> <p><input type="checkbox"/> Semaglutide 1mg/ml</p> <p><input type="checkbox"/> Semaglutide 2mg/ml</p> <p><input type="checkbox"/> Semaglutide 3mg/ml</p> <p>Quantity:</p> <p><input type="checkbox"/> 30ml</p> <p><input type="checkbox"/> 60ml</p> <p><input type="checkbox"/> 90ml</p>	<p>DIRECTIONS</p> <p>Starting dose (typically 0.25-0.5mg/ml):</p> <p><input type="checkbox"/> Place 0.5ml under tongue once a day and hold for at least 90 seconds then swallow - may increase to 1ml once daily after 1 week if needed. Do not eat for 30 min after taking</p> <p>Maintenance dose:</p> <p><input type="checkbox"/> Place 1ml under tongue once a day and hold for at least 90 seconds. Do not eat for 30 min after taking</p>	<p>CUSTOM ORDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pricing (per 30ml):</p> <ul style="list-style-type: none"> - 1mg/ml or less: \$249 - 2mg/ml: \$299 - 3mg/ml: \$349 <p>Notes:</p> <ul style="list-style-type: none"> - Once the effective dosage is found, please consider prescribing a more concentrated dosage so that the patient may take less per dose to make it last longer.
--	--	--

Refills: _____

Current Pharmacy: _____

Doctor's Name (Print): _____ NPI / DEA: _____

Address: _____ Phone: _____
 _____ Fax: _____

Dispense as Written

Substitution Permitted