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Compound Prescription Order Form

Patient Name	Phone# DOB
Address	City/State Zip Code
☐ Semaglutide Sublingual	
□ Suspension 1 mg/mL* 2 mg/mLmg/mL □ Titration Sig (1 mg/mL): Place 0.5 mL under the tongue for 1-2 minutes QD x4 weeks, may increase dose by 0.5 mL every 4 weeks if needed an tolerating side effects. Do not eat or drink anything for 30 minutes after □ Maintenance Sig: Place mL SL for 1-2 minutes. Do not eat/drink from 30 minutes after □ Quantity: 30 mL mL Refills: PRN	Titration Sig (2 mg troche) Place 0.25 troche under the tongue for 1-2 minutes QD x4 weeks, may increase dose by 0.25 troche every 4 weeks if needed and tolerating side effects. Do not eat or drink anything for 30 minutes after
Low Dose Naltrexone	Quantity. 13 36 Nems 1100
☐ Capsules 1.5 mg* 3 mg* 4.5 mg* ☐ Titration Sig (1.5 mg capsule): Take 1 mg capsule PO QHS OES x1 week QHS OES X1 week, then 3 capsules QHS OES	mg Quantity: Refills: PRN k, then 2 capsules
☐ Cream 0.03% 0.5% 1% ☐ Sig: Apply to affected area QD BID TID PRN	% Quantity: Refills: PRN □ Alt Sig:
☐ Ketotifen Capsules	
1 mg* 2 mg* 3 mg 4 mg ☐ Sig: Take 1 capsule PO QD BID PRN	mg Quantity: Refills: PRN
☐ Wart Cream	
5-FU/Glycolic Acid 2.5%/35% 2.5%/25% % Sig: Apply to wart(s) QD BID	Quantity: 15 g 30 g g Refills: PRN Alt Sig:
☐ Nail Fungal Solution (can contain both antifungals if necessary)	
Fluconazole 1% 2% 4%% Terbinafine 1% 2%% Add Ibuprofen 2% for increased efficacy Hair Loss Solution (can contain both medications if necessa	Quantity: 15 g 30 g _ g Refills: _ PRN Sig: Apply to affected nails QD BID Alt Sig:
Finasteride 0.125% 0.25% 0.5% Minoxidil 5% 7%	Quantity: 30 mL mL Refills: PRN Sig: Apply 1 mL to scalp QD Alt Sig:
Doctor Signature:	Date Written / / DEA#/NPI Phone#

^{*} We usually have these medications in stock and ready to dispense