



13310 W Dodge RD
Omaha, Nebraska 68154
T - 402-408-0015 - FX - 402-408-0020 www.jkohllrx.com

Sterile & Non Sterile Compounding Pharmacy

Patient Name: _____ Allergies: _____ Date: _____

Address: _____ Phone #: _____ DOB: _____

Tirzepatide 16.5mg / ml - DOSAGE and TITRATION Custom Strengths not commercially available

****These strengths are compounded for specific patients based on the patient's individual need****

___ Tirzepatide Microdose 1.5mg - 1.8mg - 2.0mg (circle one) Injection 4 SDV

___ Tirzepatide 3.3mg - 0.2ml Injection (20 syringe units) 4 SDV

___ Tirzepatide 6.6mg - 0.4ml Injection (40 syringe units) 4 SDV

___ Tirzepatide 8.25mg - 0.5ml Injection (50 syringe units) 4 SDV

___ Tirzepatide 11.55mg - 0.7ml Injection (70 syringe units) 4 SDV

___ Tirzepatide 13.2mg - 0.8ml Injection (80 syringe units) 4 SDV

___ Tirzepatide 16.5mg - 1.0ml injection (100 syringe units) 4 SDV

QUANTITY: 4 single dose vials per month Refills: _____

DIRECTIONS: Inject the contents of ONE vial subcutaneously ONCE weekly as directed.

******* single dose vials 4 Vials Refill**

Prescriber signature: _____ NPI: _____

**** Please Initial: _____ In between doses of FDA approved medication is medically necessary and the patient requires a compounded product for individual titration and this is not commercially available. Please articulate Reason for Compounded dosage:**



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Patient Name: _____ Allergies: _____ Date: _____

Address: _____ Phone #: _____ DOB: _____

Semaglutide 2.5mg / ml injection - DOSAGE and TITRATION Custom Strengths not commercially available

- ___ Semaglutide 0.2mg 0.08ml injection (8 syringe units) 4 SDV
- ___ Semaglutide 0.4mg 0.16ml injection (16 syringe units) 4 SDV
- ___ Semaglutide 0.6mg 0.24ml Injection (24 syringe units) 4 SDV
- ___ Semaglutide 0.8mg 0.32ml Injection (32 syringe units) 4 SDV
- ___ Semaglutide 1.2mg 0.48ml Injection (48 syringe units) 4 SDV
- ___ Semaglutide 1.5mg 0.60ml injection (60 syringe units) 4 SDV
- ___ Semaglutide 2.2mg 0.88ml injection (88 syringe units) 4 SDV
- ___ Semaglutide 2.75mg 1.1ml injection (110 syringe units) 4 SDV

QUANTITY: 4 single dose vials of same strength 28 days Refill: ___ - ___

DIRECTIONS: Inject the contents of ONE vial subcutaneously ONCE weekly as directed.

4 Single dose vials will be dispensed each fill.

Prescriber signature: _____ NPI: _____

**** Please Initial: _____ In between doses of FDA approved medication is medically necessary and the patient requires a compounded product for individual titration and this is not commercially available. Please articulate Reason for Compounded dosage:**
