



Memorial Pharmacy and Compounding
7017 S. Staples Street Suite 103B
Corpus Christi, Texas 78413
Phone: 361-356-6279 Fax: 361-480-0090

Date: _____ Date of Birth: _____
Patient: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Alt Phone: _____
Allergies: _____

**All compounds for clinical use will 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 to Memorial Pharmacy and Compounding

P: 361-356-6279 F: 361-480-0090 7017 S. Staples Street Ste 103B, Corpus Christi, Texas 78413 NCPDP: 5935599

Prescriber Name: _____ NPI: _____
Prescriber Signature: _____ DEA: _____
Prescriber Phone Number: _____