



SEVEN CELLS

Seven Cells Pharmacy 600 SE Indian St. Suite 3 Stuart, FL 34997

www.sevencellspharmacy.com

Phone: 561-467-4334

Fax: 561-467-4899

email: care@sevencells.com

PATIENT INFORMATION

LAST NAME:		FIRST NAME:		<input type="checkbox"/> MALE	DATE OF BIRTH:	
				<input type="checkbox"/> FEMALE		
PRIMARY PHONE #	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	SECONDARY PHONE #	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS:			CITY, STATE, ZIP:		ALLERGIES:	

PRESCRIBER/OFFICE INFORMATION

CLINIC:		PRESCRIBER NAME:				
PRIMARY PHONE #	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	EMAIL ADDRESS:		
ADDRESS:			CITY, STATE, ZIP:			

PRESCRIBER'S SIGNATURE:	NPI# or DEA#	DATE:
-------------------------	--------------	-------

PREFERRED DELIVERY LOCATION:

PATIENT ADDRESS
 PRESCRIBER ADDRESS

BILL TO:

PATIENT
 PRESCRIBER

<input type="checkbox"/> Sermorelin Injection <i>Compounded</i> <i>Dose up to T1D</i> 100 mcg to 200 mcg injected	<input type="checkbox"/> Tirzepatide Injection Compounded <i>Dose with B3 (Niacin)</i> <input type="radio"/> Month 1 (Weeks 1-4): 2.5 mg each week <input type="radio"/> Month 2 (Weeks 5-8): 5 mg each week <input type="radio"/> Month 2* (Weeks 9+): 7.5 mg each week <input type="radio"/> Month 3 (Weeks 9-12): 10 mg each week <input type="radio"/> Month 3* (Weeks 12+): 12.5 mg each week <input type="radio"/> Month 4 (Weeks 13 & onward): 15 mg each week SIG: Inject subcutaneously once weekly as directed QTY: 28 day supply	<input type="checkbox"/> Semaglutide Injection Compounded <i>Dose with B12 (Cyanocobalamin)</i> <input type="radio"/> Month 1 (Weeks 1-4): 0.25 mg each week <input type="radio"/> Month 2 (Weeks 5-8): 0.5 mg each week <input type="radio"/> Month 2* (Weeks 9+): 0.75 mg each week <input type="radio"/> Month 3 (Weeks 9-12): 1 mg each week <input type="radio"/> Month 4 (Weeks 13-16): 1.7 mg each week <input type="radio"/> Month 4* (Weeks 13+): 2 mg each week <input type="radio"/> Month 5 (Weeks 17 & onward): 2.4 mg each week <input type="radio"/> Month 5* (Weeks 17+): 2.5 mg each week SIG: Inject subcutaneously once weekly as directed QTY: 28 day supply	<input type="checkbox"/> Zofran ODT (Ondansetron) SIG: 8mg PO Q 8h prn n/v QTY #10 Refill _____
<input type="checkbox"/> Tesamorelin Injection <i>Compounded</i> <i>Dose up to T1D</i> 1 mg to 2mg Injected once a day 90 minutes after a meal			<input type="checkbox"/> Docusate Sodium 100mg SIG: 100mg PO QD prn constipation QTY #30 Refill _____
<input type="checkbox"/> Tesofensine Capsule <i>Compounded</i> <i>Dose up to T1D Dose **ORAL**</i> <input type="radio"/> 0.25 mg to 1mg capsule daily <input type="radio"/> Month 1 (Weeks 1-4): 0.25 mg PO DQ <input type="radio"/> Month 2 (Weeks 5*): 0.5 mg PO QD <i>Optional higher dose after week 8</i> <input type="radio"/> 0.75 mg PO DQ <input type="radio"/> 1mg PO QD			

* Optional dosing based on patient's level of tolerance and response

OTHER INSTRUCTIONS / ADDITIONAL INGREDIENTS