



**Regency Rx Health**

## Prescription & Compounding Order Pad

500 SR-436 Suite #2074  
Casselberry, FL 32707

P: 321-490-6900  
F: 352-726-4688

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_

### Prescription / Compound Order:

#### Semaglutide / Glycine Options:

|                          |                                |                                             |                  |               |
|--------------------------|--------------------------------|---------------------------------------------|------------------|---------------|
| <input type="checkbox"/> | Semaglutide/Glycine Injectable | — 0.25 mg (Inject 0.25 mg subQ once weekly) | \$249 Qty: 2mL   | Refill: _____ |
| <input type="checkbox"/> | Semaglutide/Glycine Injectable | — 0.5 mg (Inject 0.5 mg subQ once weekly)   | \$249 Qty: 2mL   | Refill: _____ |
| <input type="checkbox"/> | Semaglutide/Glycine Injectable | — 1.0 mg (Inject 1.0 mg subQ once weekly)   | \$299 Qty: 2x2mL | Refill: _____ |
| <input type="checkbox"/> | Semaglutide/Glycine Injectable | — 1.7 mg (Inject 1.7 mg subQ once weekly)   | \$369 Qty: 5mL   | Refill: _____ |
| <input type="checkbox"/> | Semaglutide/Glycine Injectable | — 2.4 mg (Inject 2.4 mg subQ once weekly)   | \$499 Qty: 2x5mL | Refill: _____ |

#### Tirzepatide / Glycine Options:

|                          |                                |                                       |                  |               |
|--------------------------|--------------------------------|---------------------------------------|------------------|---------------|
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 2.5 mg (Inject 0.2 mL subQ weekly)  | \$269 Qty: 2mL   | Refill: _____ |
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 5.0 mg (Inject 0.4 mL subQ weekly)  | \$269 Qty: 2mL   | Refill: _____ |
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 7.5 mg (Inject 0.6 mL subQ weekly)  | \$499 Qty: 2x2mL | Refill: _____ |
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 10 mg (Inject 0.8 mL subQ weekly)   | \$499 Qty: 2x2mL | Refill: _____ |
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 12.5 mg (Inject 1.0 mL subQ weekly) | \$499 Qty: 2x2mL | Refill: _____ |
| <input type="checkbox"/> | Tirzepatide/Glycine Injectable | — 15 mg (Inject 1.2 mL subQ weekly)   | \$599 Qty: 3x2mL | Refill: _____ |

#### Important Clinical Notes / Compounding Info:

- All compounded GLP-1 preparations include 5 mg Glycine unless otherwise specified.
- If prescribing Glycine, please include the clinical rationale on the prescription to permit fulfillment.
- Example compositions: Glycine 5mg / Semaglutide 1mg/mL; Glycine 5mg / Tirzepatide 12.5mg/mL.
- Verify patient weight and allergies prior to dispensing.

#### Clinic Rational:

Example: preserve muscle mass, reduce gastrointestinal discomfort, etc.

Clinic Rational: \_\_\_\_\_

### Prescriber Information

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy Use Only: Date Received: \_\_\_\_\_ Pharmacist Initials: \_\_\_\_\_ Lot#: \_\_\_\_\_

*Protocol GLP-1 Medications - Local providers utilize the additive in the GLP-1 compound to "preserve muscle mass, reduce gastrointestinal discomfort, etc."  
If the provider writes the prescription to include Glycine and provides the necessary clinical rationale, we will be able to fulfill the request.  
Please note that all compounded GLP-1 preparations contain 5mg of Glycine.*