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C-Tirzepatide Melts Order Form

Patient Name

Date of Birth:

Prescribing Date:

(Patients Must be 18 or older)

Patient Address:

C-Tirzepatide Melt Prescribing Strength

- 3mg (Comparable to 2.5 mg and 5 mg Zepbound injectable)
- 4mg (Comparable to 7.5 mg and 10 mg Zepbound injectable)
- 5mg (Comparable to 12.5 mg and 15 mg Zepbound injectable)
- Specialized Dosing

Please Describe _____

SIG: Melt 1 buccally daily as directed.

Melts Prescribed in Increments of 30 melts

Qty: _____

Refills: _____

Physician Printed Name: _____

Physician Signature: _____

Physician Address: _____

Physician NPI: _____