

# MOYE ' S PHARMACY

NPI: 1336166321 / NCPDP: 1122465



(P) 770-957-1851 (F) 770-957-7434  
M-F: 9am - 6pm Sat: 9am - 2pm Sun: Closed

62 Keys Ferry St.  
McDonough, GA 30253

Patient's name: \_\_\_\_\_

DOB \_\_\_\_\_

Address: \_\_\_\_\_

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

# RX

**Semaglutide 5mg/2ml vial**  
# 1 Vial (Enough for #5 1mg doses)

**Semaglutide 5mg/2ml vial**  
# 2 Vials (Enough for #5 2mg doses)

**Tirzepatide 20mg/2ml vial**  
# 1 Vial (Enough for #4 5mg doses)

## DIRECTIONS:

Inject \_\_\_\_\_ mg subcutaneously once weekly

## CUSTOM:

\_\_\_\_\_  
\_\_\_\_\_

### REFILL

YES \_\_\_\_\_ TIMES

NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DEA/NPI Number

\_\_\_\_\_  
Phone Number