

PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

ALLERGIES: _____

Cognition

- Methylene Blue Capsules** Refills: _____
 10 mg 15 mg 30 mg Other: _____ mg
Qty: 1 month 2 month 3 month Refills: _____
SIG: Once daily Twice daily
- NAD⁺ Capsules**
 250 mg 500 mg Refills: _____
Qty: 1 month 2 month 3 month
SIG: Take one capsule by mouth once daily
- Low-Dose Naltrexone capsules**
 0.5 mg 1.5 mg 3 mg 4.5 mg Other: _____ mg
Qty: 30 60 Refills: _____
SIG: Take 1 capsule by mouth nightly at bedtime. Titrate every 1–2 weeks as tolerated.

- NAD⁺ troches** 50 mg 100 mg 150 mg
Methylcobalamin 2 mg 3 mg
Qty: 1 month 2 month 3 month Refills: _____
SIG: Take 1 troche by mouth every morning
- Glutathione** 200 mg 300 mg Refills: _____
Qty: 1 month 2 month 3 month
SIG: Take 1 troche by mouth every morning

GHRH Analog

- Sermorelin Troches** Refills: _____
 500 mcg 750 mcg 1000 mcg
Qty: 1 month 2 month 3 month
SIG: Dissolve 1 troche by mouth every evening
- Enclomiphene 25 mg caps** Refills: _____
Qty: 1 month 2 month 3 month
SIG: Take 1 capsule by mouth on monday-friday. Off Saturday and Sunday
- Clomiphene 25 mg caps** Refills: _____
Qty: 1 month 2 month 3 month
SIG: Take 1 capsule by mouth daily

Peptide Face Cream

- GHK-CU 0.2% + Estriol 0.3% + Niacinamide 3%**
DMAE/Sodium Hyaluronate Topical Cream
(Biopeptide Biocosmetic™) **Add Methylene Blue 0.005%**
Qty: 30 gm 60 gm _____ gm
SIG: Apply a thin layer to clean, dry skin of the face and neck once nightly. Avoid the eye(s) Refills: _____

Peptide Nasal Spray

- Bremelanotide 3% + Oxytocin # 6 mL** Refills: _____
200 units/mL Nasal Spray
SIG: Instill 1 spray into each nostril 45 minutes - 1 hour prior to sexual activity

Oral GLP Treatment

- Semaglutide 18 mg/mL** Refills: _____
 6 mg 9 mg 12 mg
Qty: 1 month 2 month 3 month
SIG: _____ mL under the tongue once daily as directed
- Semaglutide 6.10 mg NAD⁺** 50 mg 100 mg 150 mg
Qty: 1 month 2 month 3 month Refills: _____
SIG: _____ mL under the tongue once daily as directed

Injectables

- NAD 100 mg/mL** (subcutaneous) 10 mL Refills: _____
SIG: Inject _____ mg subcutaneously _____ per week
- Sermorelin Acetate 0.9 mg/mL** 10 mL Refills: _____
SIG: Inject subcutaneously each night as directed
 200 mcg 300 mcg 400 mcg 500 mcg

PRESCRIBER NAME: _____ NPI: _____ DEA: _____

ADDRESS: _____

PHONE: _____ FAX: _____ SUPERVISING: _____

PRESCRIBER SIGNATURE: _____ DATE: _____