

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<sup>+</sup> 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<sup>+</sup> 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

### Appetite Suppressant

- \_\_\_\_\_  
 5 mg  10 mg  15 mg  20 mg  37.5 mg

### Topiramate

- 25 mg  45 mg  50 mg  75 mg

### Cyanocobalamin 1 mg

- Qty:  1 month  2 month  3 month  
SIG: Take 1 capsule by mouth every morning  
Refills: \_\_\_\_\_

### 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<sup>+</sup>**  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: \_\_\_\_\_