

Name: _____ DOB: _____ Phone: _____

Address: _____ City, State, Zip: _____

SHIP TO: CLINIC (Clinic Name: _____) PATIENT

Please note all injections will be subcutaneous unless directed otherwise

BPC-157 1.5mg/mL Injectable – 4mL vial

- Inject 13 units (200mcg) 5 out of 7 days of the week
- Inject 17 units (250mcg) 5 out of 7 days of the week
- Inject 20 units (300mcg) 5 out of 7 days of the week
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

Sermorelin 2mg/mL Injectable – 5mL vial

- Inject 5 units (100mcg) every night at bedtime
- Inject 10 units (200mcg) every night at bedtime
- Inject 15 units (300mcg) every night at bedtime
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

GHK-Cu/BPC-157/TB500 2mg/1mg/1mg/mL Injectable – 5mL vial

- Inject 50 units on Monday, Wednesday, and Friday for 3 weeks, then 25 units on Monday and Friday for 1 week
- Inject 15 units every night at bedtime
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

NAD+ 200mg/mL Injectable – 5mL vial

- Inject 12.5 units (25mg) every day
- Inject 20 units (50mg) three times weekly
- Inject 50 units (100mg) every three days
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

Physician Name: _____

Date: _____

BPC-157/TB500 (thymosin-beta) 1.5mg/1.5mg/mL Injectable – 4mL vial

- Inject 13 units (200mcg) 5 out of 7 days of the week
- Inject 17 units (250mcg) 5 out of 7 days of the week
- Inject 20 units (300mcg) 5 out of 7 days of the week
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

CJC-1295/Ipamorelin 1mg/1mg/mL Injectable – 5mL vial

- Inject 10 units (100mcg) 5 out of 7 days of the week
- Inject 20 units (200mcg) 5 out of 7 days of the week
- Inject 25 units (250mcg) 5 out of 7 days of the week
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

GHK-Cu 10mg/mL Injectable – 5mL vial

- Inject 10 units (1mg) every day
- Inject 10 units (1mg) every other day Inject 20 units (2mg) every day
- Inject 20 units (2mg) every other day
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

Glutathione 200mg/mL Injectable – 5mL vial

- Inject 50 units (100mg) 1-3 times weekly as directed
- Inject 100 units (200mg) up to three times weekly
- Sig: _____
- Quantity: 1 vial Other _____ Refills: _____

Physician Signature: _____

Office Phone: _____