

Prescription Form Zepbound[®] (tirzepatide) Vial

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OFFICE: Complete the entire form and submit via fax to 1-833-541-1760. For assistance, call 1-855-723-4672, Monday – Friday 7am - 8:30pm ET & Saturday 8am - 4pm ET.

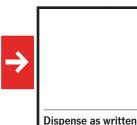
<u>Pro tip:</u> Prevent potential callbacks to your office by typing all information including patient's mobile phone number (required) before printing, signing and faxing.

י 1: tion	Patient Name (First, MI, Last)CityCity		DOB (MM/DD/YYYY)	
ectio Patier orma	Address	City	State Zip	
E S	Mobile Phone (Required)	Email		
ber ber	Name (First, Last)		NPI #	
Section 2: Prescriber Information	Name (First, Last) Practice Name			

Due to local laws and pharmacy regulations, only one strength may be selected on each form. To allow multiple strength options to be on file for your patient, please fax a separate form for each additional strength.

Zepbound Prescribing Information (PI) Adult Dosing OFFICE: Please Check Below	Quantity	Days Supply	Refills
\Box Zepbound 2.5 mg: Inject 2.5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	
□ Zepbound 5 mg: Inject 5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	
Zepbound 7.5 mg: Inject 7.5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	
Zepbound 10 mg: Inject 10 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	
Zepbound 12.5 mg: Inject 12.5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	
Zepbound 15 mg: Inject 15 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	

Prescriber's Signature: MUST BE HANDWRITTEN, due to local laws and pharmacy regulations



Section 3: Prescription

May substitute/brand exchange permitted

Date Signed (MM/DD/YYYY)

Some states have a pharmacy regulatory requirement that may require electronic transmission of prescriptions and/or have regulations to retain permanent hard copy documentation. As the prescriber, you are responsible for referring to your local state prescription requirements.

Please see accompanying Prescribing Information, including Boxed Warning, and Medication Guide. Please see Instructions for Use for vial.

