

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

Section 1:
Patient
Information

Patient Name (First, MI, Last) _____ DOB (MM/DD/YYYY) _____
Address _____ City _____ State _____ Zip _____
Mobile Phone (Required) _____ Email _____

Section 2:
Prescriber
Information

Name (First, Last) _____ NPI # _____
Practice Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____

Section 3:
Prescription

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
<input type="checkbox"/> Zepbound 2.5 mg: Inject 2.5 mg (0.5 mL) subcutaneously once weekly		4 single-dose vials	28	_____
<input type="checkbox"/> Zepbound 5 mg: Inject 5 mg (0.5 mL) subcutaneously once weekly		4 single-dose vials	28	_____
<input type="checkbox"/> Zepbound 7.5 mg: Inject 7.5 mg (0.5 mL) subcutaneously once weekly		4 single-dose vials	28	_____
<input type="checkbox"/> Zepbound 10 mg: Inject 10 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



Dispense as written
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.