

Peptide Prescription Order Form For New Era Compounding

Patient Name: _____ Date of Birth: _____ Date: _____ Phone: _____ License/ID: _____
 Address: _____ City: _____ State: _____ Zip: _____ Allergy: _____ Diagnosis: _____

This Compounded Medication is Medically Necessary		Dose	Instructions for Research Use Only	Quantity
<u>Peptides</u> (Select one)		(Select one)	(Select one)	Maximum Five (5)
☐ BPC-157 Acetate (2mg/ml)	5mL Vial	☐ 500mcg (0.25mL) 25 units	Inject ☐ Subcutaneously ☐ Near Injury Site: ☐ Daily ☐ Twice Daily	
☐ CJC 1295 Acetate/ Ipamorelin Acetate (1000mcg/1000mcg/mL)	5mL Vial	☐ 100mcg/100mcg (0.1mL) 10 units	Inject Subcutaneously: ☐ Once ☐ Twice Daily.	
☐ Epitalon Acetate (10mg/mL)	5mL Vial	☐ 10mg (1mL) 100 units	Inject Subcutaneously every 3 days in the evening.	
☐ GHK-Cu Acetate (Copper Peptide) (10mg/mL)	5mL Vial	☐ 1.5mg (0.15mL) 15 units	Inject Subcutaneously daily.	
☐ MOTs-C Acetate (10mg/mL) + 1mg Folic Acid (30 Tablets)	5mL Vial	☐ 5mg (0.5mL) 50 units ☐ 10mg (1mL) 100 units	Inject Subcutaneously twice per week.	
☐ PT-141 (Bremelanotide Acetate) (10mg/mL)	2mL Vial	☐ 1mg (0.1mL) ☐ 2mg (0.2mL) ☐ 3mg (0.3mL) Men: 1-2mg Women: 2-3mg	Inject Subcutaneously 45-60 minutes before sexual activity.	
☐ Sermorelin Acetate / Glycine (2000mcg/5mg/mL)	4mL Vial	☐ 300mcg (0.15mL) ☐ 500mcg (0.25mL)	Inject Subcutaneously daily at bedtime.	
<u>Nootropics</u>		<u>Size</u>	(Select one)	
☐ Selank Acetate (7.5mg/ml) Nasal Spray ~0.12mL (0.9mg)/Spray	5mL Bottle	☐ 1 ☐ 2 ☐ 3 Sprays in each nostril	☐ Daily ☐ Twice Daily ☐ Three Times Daily	
☐ Semax Acetate (7.5mg/mL Nasal Spray ~0.12mL (0.9mg)/Spray	5mL Bottle	☐ 1 ☐ 2 ☐ 3 Sprays in each nostril	☐ Daily ☐ Twice Daily ☐ Three Times Daily	
* The prescribing provider assumes responsibility for the clinical use and dosing instructions. New Era Compounding compounds medications per prescription directions and does not diagnose or treat patients.				

Dr. Name (Print) _____ Signature _____ License _____
 NPI # _____ Phone Number _____ Email _____
 Address _____ City _____ State _____ Zip _____

By signing this prescription, you acknowledge that:

⚠ Many of the peptides listed are not FDA-approved (**Research Use Only**) and may be prescribed off-label based on emerging clinical evidence and physician discretion.

These medications are compounded specifically for the patient listed above in accordance with a valid prescription. Compounded medications are not evaluated by the FDA for safety or efficacy.

These products are not for use in performance enhancement in professional or amateur sports unless explicitly allowed by the governing body.

*Avoid **all** products if under 18 years old or pregnant or breastfeeding.

**Recommended Schedules:

BPC: 4–6 week cycles, pause 1–2 weeks.	MOTs-C: 8-12 weeks on, 2–4 off! 1 tablet of folic acid daily.
CJC/Ipamorelin: 6–12 weeks on, 2–4 off.	Sermorelin: 8–12 weeks cycles. (5 days a week on, 2 days off).
Epitalon: 10–20-day course, repeat twice annually.	
GHK-Cu: 2-6 week cycles; may alternate with topical use.	

This document contains HIPAA-protected health information.

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