Semaglutide mg per week for 20 mg

| Kit |  |
| :---: | :---: |
| 0.25 |  |
| 0.25 |  |
| 0.25 |  |
| 0.25 |  |
| 0.5 |  |
| 0.5 |  |
| 0.5 |  |
| 1 |  |
| 1 |  |
| 1 |  |
| 1.5 |  |
| 1.5 |  |
| 1.5 |  |
| 1.5 |  |
| 2 |  |
| 2 |  |
| 2 |  |
| 2.5 |  |

20
(

Required units on 1ml syringe
.05 ml or 5 units .05 ml or 5 units .05 ml or 5 units .05 ml or 5 units .1 ml or 10 units .1 ml or 10 units .1 ml or 10 units .2 ml or 20 units .2 ml or 20 units .2 ml or 20 units .3 ml or 30 units .3 ml or 30 units .3 ml or 30 units .3 ml or 30 units .4 ml or 40 units .4 ml or 40 units .4 ml or 40 units .5 ml or 50 units

| 1 | .05 ml or 5 units |
| :---: | :---: |
| 2 | .05 ml or 5 units |
| 3 | .05 ml or 5 units |
| 4 | .05 ml or 5 units |
| 5 | .1 ml or 10 units |
| 6 | .1 ml or 10 units |
| 7 | .1 ml or 10 units |
| 8 | .2 ml or 20 units |
| 9 | .2 ml or 20 units |
| 10 | .2 ml or 20 units |
| 11 | .3 ml or 30 units |
| 12 | .3 ml or 30 units |
| 13 | .3 ml or 30 units |
| 14 | .3 ml or 30 units |
| 15 | .4 ml or 40 units |
| 16 | .4 ml or 40 units |
| 17 | .4 ml or 40 units |
| 18 | .5 ml or 50 units |

mg Total

Total

Notes: $\mathbf{2 0 m g}$ is sent in ONE 4 ml vial of $5 \mathrm{mg} / \mathrm{ml}$ from ReviveRx

Inject .25 mg first 4 weeks, .5 mg next 3 weeks, 1 mg next 3 weeks, 1.5 mg next 4 weeks, 2 mg f next 3 weeks, lastly 2.5 mg for your last week. Follow the dosing schedule provided by your clinic.

