

APOLLO BASED HEALTH LLC

200 Frandorson Cir Ste 203 Apollo Beach FL 33572
Phone: 813.213.3336
Date: 11/18/2025

State Lic.: ME117105
NPI: 1861622060
DEA: FC4080127

PRESCRIBER INFORMATION:

NAME: VICTOR CRUZ **NPI:** 1861622060 **DEA:** FC4080127 **LICENSE#:** ME117105
ADDRESS: 200 Frandorson Cir Ste 203 Apollo Beach FL 33572
PHONE: 813.213.3336 **FAX:** —

ELECTRONIC PRESCRIPTION ORDER

FIRST NAME: John **LAST NAME:** Smith **DOB:** 1985-06-15
PHONE: (555) 123-4567 **EMAIL:** john.smith@example.com
ADDRESS: 123 Main Street, Apt 4B
CITY: Tampa **STATE:** FL **ZIP:** 33601 **GENDER:** Male

#1 Semaglutide 2.4mg/3mL Pen

STRENGTH: 2.4mg/3mL **QUANTITY:** 1 **REFILLS:** 3 **DAYS SUPPLY:** 30

DIRECTIONS (SIG): Inject 0.25mg subcutaneously once weekly for 4 weeks, then increase to 0.5mg weekly

SHIP TO: 123 Main Street, Apt 4B, Tampa, FL 33601

DELIVERY TYPE: STANDARD **DATE WRITTEN:** 11/18/2025

Special Instructions: PLEASE INCLUDE SUPPLIES.

Submitted electronically by prescriber: VICTOR CRUZ
Practice: APOLLO BASED HEALTH LLC
Address: 200 Frandorson Cir Ste 203 Apollo Beach FL 33572
Phone: 813.213.3336

Order #: rx-MULTI-1763514412059

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#2 Metformin HCl 500mg Tablets

STRENGTH: 500mg **QUANTITY:** 60 **REFILLS:** 5 **DAYS SUPPLY:** 30

DIRECTIONS (SIG): Take 1 tablet by mouth twice daily with meals

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#3 Vitamin B12 1000mcg Injection

STRENGTH: 1000mcg/mL **QUANTITY:** 1 **REFILLS:** 11 **DAYS SUPPLY:** 30

DIRECTIONS (SIG): Inject 1mL intramuscularly once monthly

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