

SEMAGLUTIDE/B-12 (Compounded** Ozempic/Wegovy) 5mg/0.5mg/ml		
0.25mg (5 units)	**\$50 SINGLE *\$90	
2	**\$160 MONTHLY *\$200	
0.5mg (10 units)	**\$240 MONTHLY *\$280	
0.75mg (15 units)	**\$320 MONTHLY *\$360	
1mg (20 units)	**\$400 MONTHLY *\$440	

TIRZEPATIDE/NIACIN (Compounded** Mounjaro/Zepbound) 17mg/2.5mg/ml		
2.5mg (15 units)	**\$125 SINGLE *\$165	
	**\$400 MONTHLY *\$440	
5.0mg (30 units)	**\$480 MONTHLY *\$520	
7.5mg (45 units)	**\$540 MONTHLY *\$580	
10mg (60 units)	**\$620 MONTHLY *\$660	

^{*}Payment via Zelle/Venmo /cash app/PayPal/cc **Cash price

DIGITAL PAYMENT OPTIONS

Zelle - rjcrillmd@gmail.com -Cash App - \$RichardCrill

Venmo - @Joe-Crill -PayPal - @RCrill +(PROCESSING FEE/TAX)



^{*}CREDIT CARD and PAYPAL PAYMENTS INCLUDE PROCESSING FEE AND TAX



Tirzepatide Available limited due to FDA changes 3/19/25

BULK PRICING*** SEMAGLUTIDE/B-12 (Compounded** Ozempic/Wegovy) 1ML & 2.5ML VIALS ONLY 3ML VIAL DOES NOT INCLUDE B12

Small vial 1 ml = 20 doses of .25	*\$500.00 **\$450.00
Medium vial 2.5 ml = 50 doses of .25	*\$880.00 **\$800.00
Large vial 3 ml = 60 doses of .25	*\$990.00 **\$900.00

^{*}Payment via Zelle/Venmo /cash app/PayPal

BULK PRICING*** TIRZEPATIDE/NIACINAMIDE*** (Compounded Mounjaro/Zepbound) 17mg/2.5mg/ml

Vial 2ml = 13.3 doses of 2.5 mg		*\$560.00 **\$480.00
Vial 4ml = 26.6 doses of 2.5 mg	C rest	*\$990.00 **\$900.00

^{*}Payment via Zelle/Venmo /cash app/PayPal

*CREDIT CARD/Paypal PAYMENTS INCLUDE PROCESSING FEE AND TAX

- **These medications are compounded at Empower or Olympia Pharmacy, both PCAB-Accredited compounding pharmacies and FDA-registered outsourcing facilities. (empowerpharmacy.com)
- ***The FDA expiration on the vials are 11 months for semaglutide and 8 months for tirzepatide as of 12/24/2024 when refrigerated/stored according to package insert. However, once used they can not guarantee the medicine over 28 days. Make sure you understand this completely before purchasing these vials! **PLEASE KEEP REFRIGERATED****

****If you choose not to sign for delivery of vials from UPS/FEDEX or other similar vendor then you will assume full responsibility for potentially lost product.

^{**}Cash price

^{**}Cash price



CREDIT CARD/Paypal PAYMENTS INCLUDE PROCESSING FEE AND TAX

DOSING GUIDE

COMPOUNDED SEMAGLUTIDE

- .25 mg=5 units
- .5 mg=10 units
- .75 mg=15 units
- 1 mg=20 units
- 1.25 mg=25 units
- 1.5 mg=30 units
- 1.75mg=35 units
- 2 mg =40 units
- 2.5 mg=45 units

COMPOUNDED TIRZEPATIDE

2.5 mg=15 units

5 mg=30 units

7.5 mg=45 units

10 mg=60 units



12.5mg=75 units 15mg=90 units

B-12 1000mcg SC/IM

Single Dose \$25
One month (#4)-\$75, (\$50 with Medical WL or HRT Program Clients)

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BOTOX/FILLERS PRICING -done in Florence, SC or party of 4+ within 2hrs

WINTER 2024 SPECIAL PRICING

LIP FILLER \$350.00

TOXIN \$10.00/UNIT

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URGENT CARE PRICING

INITIAL VISIT STARTS AT \$100.00*// \$125.00**

REFILLS \$75.00*// \$100.00**

SCHEDULED MEDICATIONS \$150.00*// \$175.00**

GENERAL PHYSICAL EXAM \$100.00*// \$125.00**

STUDENT DISCOUNT GENERAL PHYSICAL EXAM \$75.00* \$100.00**

*Cash price

**Payment App/Credit Card price *CREDIT CARD/Paypal PAYMENTS INCLUDE PROCESSING fee and tax

Examples of Urgent Care Needs:

Colds/cough Minor allergic reactions

Ear infections Small Cuts

Travel medicine/prophylaxis UTI Pink eye

Sore throat Seasonal allergies





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Cash App - \$RichardCrill

PayPal - @RCrill

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HORMONE REPLACEMENT PRICING

MALE HRT: \$50 consultation fee that will be applied to the following if signed up:

-\$299 per prescription (\$250 exact cash discount) -1ST prescription is for 3 months as are any increases in dosage, thereafter prescriptions are for 6 months (3 month prescription X 2)

-Other adjunctive medications can/will be written as part of the program. The patient will be responsible for the cost of the following medications if needed: anastrozole, finasteride, cialis, viagra, estradiol, progesterone

FEMALE HRT: \$50 consultation fee that will be applied to the following if signed up:

-\$299 for each 3 months (\$250 cash discount)

-Other adjunctive medications can/will be written as part of the program. The patient will be responsible for the cost of the following medications if needed: anastrozole, finasteride, cialis, viagra, estradiol, progesterone



PayPal - @RCrill

CREDIT CARD/Paypal PAYMENTS INCLUDE PROCESSING FEE AND TA

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IV Therapy-Coming Soon

B-12 1000mcg SC/IM

Single Dose \$25
One month (#4)-\$75, (\$50 with Medical WL/HRT Program)

IV Therapy Options: (Coming Soon) –B-12, Glutathione, Meyers Cocktail, Immunity, Toradol, NAD+, etc

DIGITAL PAYMENT OPTIONS

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Contact Us: In case of an emergency call 911 or go to your primary care provider immediately.

https://www.vibrantmedicalwellness.com



-click on <u>"get started</u>" to fill out intake form

**Best: Text us 866-426-1139, we will get back to you within 1-2 business days:

Monday-Friday 10a-5p

704-235-0559 – *OFFICE* – *Toll Free*: 866-791-9171

704-243-8102 – *FAX* — 313-333-8897 – *URGENT Only*

843-535-3640 <u>-Botox/Filler and Florence Area clients</u>

Cancellations: A \$50 cancellation fee will be applied to any appointments cancelled less than 24 hours prior to their scheduled time.



