



Carolina Physicians Weight Loss

Semaglutide Consent Form

Semaglutide (sometimes sold under the brand names Ozempic or Wegovy) is a GLP-1 (glucagon-like-peptide-1) receptor agonist suitable for those who are overweight, obese, and/or those with an initial body mass index (BMI) that is considered outside a healthy range and do not have other significant underlying health issues.

While using Semaglutide, it is highly recommended that you:

- Eat a fibrous diet. Focus on fruits and vegetables that are high in fiber.
- Eat small high protein meals as digestion is slowed down while on this medication.
- Avoid food high in fat as they take longer to digest.
- Limit alcohol intake as this medication can lower blood pressure.
- Drink at least 32oz of water a day to avoid constipation.

Do not use this medication if:

- You have a personal or family history of medullary thyroid carcinoma (Thyroid Cancer)
- Multiple Endocrine Neoplasia syndrome type 2
- You are pregnant or plan to become pregnant while taking this medicine
- You are a diabetic and/or taking any medications related to lowering your blood sugar levels without speaking with your doctor.
- Specifically, if you are prescribed Insulin because the combination may increase your risk of hypoglycemia (low blood sugar) and dosage adjustments by your provider may be necessary.
- You have a history of Pancreatitis
- You are allergic to BPC-157, Semaglutide or any other GLP-1 agonist such as: Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®.
- If you have other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor/pharmacist your medical history.

Possible side effects:

Nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease.

Subcutaneous Injections: common injection site reactions characterized by itching, burning at site of administration with or without thickening of the skin (welling). If you notice other side effects not listed above, contact your doctor or pharmacist.

A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. Report adverse side effects to your doctor or pharmacist. IN the event of any emergency, call 911 immediately.

By knowingly and voluntarily signing my name below, I hereby certify that: (please initial)

- _____ I am at least 18 years old
- _____ I have received verbal or written information about Semaglutide
- _____ I have disclosed and discussed any and all health conditions or changes in my health condition since my last visit with my provider
- _____ I want to proceed with and will follow the recommended course of care for Semaglutide weight loss injections that are described in this consent.
- _____ I have been advised of and understand the reasonable alternatives to the proposed treatment (and related care/procedure(s) treatment, including the risks and benefits of foregoing treatment altogether)
- _____ I have been advised of and understand the possible benefits of the proposed treatment
- _____ I have had the opportunity to think about my health status and condition, as well as educate myself about my health status/condition, and the proposed treatment, and I have had an opportunity to review this consent
- _____ I have had the opportunity to ask questions that I have about my health status/condition and the proposed treatment (and answers have been provided to my satisfaction in terms that I understand)
- _____ I agree to immediately report to my practitioner's office any adverse reactions or problems after the treatment
- _____ I have not been promised or guaranteed any specific benefits from the course of treatment
- _____ I have informed my provider of any known allergies to medication or substances and of all current medications and supplements I currently take.

Patient Name

Signature of Patient or Authorized Representative

Date