



Semaglutide Weight Loss Program

- Semaglutide injection is a GLP-agonist (glucagon like peptide) which mimics a protein found naturally in the body but it lasts longer
- Effects are in the Gastrointestinal tract as well as the brain that diminishes appetite, food cravings, energy intake and increase satiety (feeling full)
- Considered to be a game changer in the future of weight loss management
- Patients will be screened and advised to obtain baseline blood work
- Weekly monitoring and injections will be performed in office and in special circumstances a kit can be given to you if you prefer to give your the injections at home
- Cost is \$499 for first month, then \$299 for subsequent months after until program is stopped



Name: _____

Address _____

Date of Birth _____

Email _____

Important Safety Information

Indication: Desired weight loss with healthy lifestyle modifications to men and women over the age of 18

Contraindications:

- History of Medullary Thyroid Carcinoma: although only found in internal studies at high dose (rare cancer)
- History of or family history of MEN Type 2 (Multiple Endocrine Neoplasia)
- Pancreatitis
- Chronic Kidney disease
- Allergies to Semaglutide or other GLP agonists or its preservatives
- Current therapy with another GLP agonist
- History of Diabetic Retinopathy
- History of bariatric surgery
- Pregnancy
- Any medical condition that the provider feels may risk complications that outweigh the benefit of treatment

To the best of my knowledge I do not have or have history of these conditions:

Signature _____

Date: _____



Injection Site Reaction

- Semaglutide is a subcutaneous injection (under the skin)
- Pain, redness, swelling, tenderness, bruising of the skin
- Intramuscular or intravascular injections are rare, but will be addressed at time of treatment, if they occur
- Infections, despite proper antiseptic technique, may occur and will be assessed thoroughly by the medical provider

I have been made aware of the possible complications _____(initials)

Adverse Reactions:

- Most common
 - Nausea
 - Vomiting
 - Diarrhea
 - Constipation
 - Headache
 - Fatigue
 - Dyspepsia
 - Dizziness
 - Bloating
 - Gerd
- Serious but Rare
 - Pancreatitis
 - Gallbladder problems
 - Hypoglycemia
 - Kidney injury
 - Allergic Reactions
 - Diabetic Retinopathy
 - Increased heart rate
 - Depression

I have been made aware of the possible complications _____(initials)



Protocol:

Week 1: Initial assessment

- Date
- Height
- Weight
- BMI
- Weight loss goal
- Informed Consent
- Injection #1

Week 2-5

- Monitor weekly progress
- Document weight
- Assess for adverse reactions
- Assess for Adverse Reactions
- Assess for BMI <22 (will need to discontinue program if reaches this)
- Injection #2-6, document site

Hx and Physical assessment form

Name _____

Gender _____

Allergies _____

Latex Allergy _____

HABITS

Alcohol _____

Smoking _____

Herbal Supplements _____

Medications currently taking



This section to be completed by the examining healthcare provider

Past Medical/Surgical history

- DM Type 2 Diabetes
- Hypertension
- Arrhythmia
- CVA/TIA
- Asthma
- Murmur
- DVT
- ESRD
- Transplant
- Prior medication complications
- Abnormal bleeding/bruising
- CAD
- COPD
- Hyperlipidemia
- Liver Disease
- GERD
- Dialysis
- Aortic Stenosis
- CHF
- Sleep apnea
- Dementia
- Hypothyroid
- Seizure disorder
- Eating disorders
- Pacemaker

Comments _____

Signature _____

Date _____

Printed Name _____



- By signing below, I verify that the information presented to me in the semaglutide program/enrollment form is complete and accurate to the best of my knowledge.
- I understand that Ryma Aesthetics, reserves that right, at any time and for any reason, without notice to modify this enrollment form or modify/discontinue treatment.
- I have been made aware of the risks and possible complications regarding this treatment and agree that this is a voluntary procedure.
- I understand that individual results may vary and this program should be implemented with an exercise and healthy diet program for maximum results .
- I understand this medication may cause adverse side effects and I understand this list is not complete and it describes the most common side effects and that death is also a possibility of taking this medications.
- I understand symptoms may be worse after there has been a change in my medication dose or when first starting the medications
- I have informed my provider of any known allergies, my medical conditions, medications, social/family history
- I understand the mechanism of action
- I understand how it is administered
- I understand that the prescription will come from a compound pharmacy, which is not FDA approved. I have been told that the manufacturing facility itself is FDA monitored along with third part testing on the medication itself
- I consent to the cost of treatment and agree to pay per month.

Signature _____

Printed Name _____

Date _____