



# GLP-1 INJECTION CONSENT FORM

This document is intended to serve as confirmation of informed consent for compounded Glucagon-like Peptide-1 Injections (Semaglutide or Tirzepatide), which are prescription medications used for weight loss.

## Do not take this medication if you:

- Have a personal or family history of Medullar Thyroid Carcinoma (thyroid cancer)
- Have Multiple Endocrine Neoplasia Syndrome Type 2
- Have a history of pancreatitis
- Are pregnant, plan to become pregnant, or are breastfeeding
- Are allergic to Semaglutide, Tirzepatide, BPC-157, or any other GLP-1 Agonist

**Possible Side Effects:** Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain, Headache, Fatigue, Dyspepsia, Dizziness, Abdominal Distention, Belching, Hypoglycemia, Flatulence, Gastroenteritis, Gastroesophageal Reflux Disease, Injection Site Reactions (itching or burning at site of administration with/without thickening of the skin)

A serious allergic reaction to this medication is rare. Seek medical attention if you experience symptoms such as rash, itching/swelling (especially of the throat), severe dizziness, or trouble breathing.

## Directions for use:

- I understand this medication must be self-injected in the subcutaneous tissues once weekly
- I understand this medication must be kept refrigerated and expires after 28 days of puncture
- I will notify my provider if I experience side effects or if I am having trouble with administration
- I will not share this medication (or needles) with others and agree to dispose of needles safely

I have informed my provider of all medical conditions, any known allergies to drugs or other substances, and any past adverse reactions I've experienced. I have informed my provider of all medication and supplements I am currently taking. I understand this prescription comes from a compounding pharmacy and is not FDA approved. I have been informed that the manufacturing facility is FDA monitored and the medication is third party tested. I am aware of the possible side effects. I understand this medication could be harmful if taken inappropriately and should be used only as prescribed. I acknowledge that no guarantees have been made to me concerning my results.

I certify that I have read the contents of this form in its entirety. I have watched the training video and understand how to use the medication. I have had the opportunity to ask questions and have had my questions answered. I fully understand the contents of this form and have no further questions. By signing this form, I voluntarily give my consent for treatment and agree to the risks.

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*Full Name (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*