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Semaglutide Consent Form

Semaglutide is a human-based glucagon-like peptide-1 receptor agonist prescribed as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) that is considered outside a healthy range. Obesity is classified as a systemic inflammatory condition (metainflammation) and long-term weight loss is difficult due to underlying systemic inflammation. Semaglutide can address the underlying inflammation with the hope for more sustained weight loss and better systemic health.

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 foods high in fat as they take longer to digest.
- Limit alcohol intake as this medication can lower blood sugar.
- Drink at least 32 oz of water per day to avoid constipation.

Do not take 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 medication.
- You are diabetic and/or taking any medications related to lowering your blood sugar levels without speaking with your endocrinologist.
- Specifically, if you are prescribed insulin – because the combination may increase your risk of hypoglycemia (low blood sugar).
- You have a history of Pancreatitis.

- You are allergic to Semaglutide, BPC-157, or any other GLP-1 Agonist such as Ozempic, Wegovy, Adiyxin, Byetta, Bydurteon, Rybelsus, Trulicity, Victoza.
- If you have other allergies. This product may contain inactive ingredients, which can cause allergic reactions, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor your medical history.

Possible drug interactions:

Anti-diabetic agents, specifically: Insulin and Sulfonylureas (i.e., glyburide, glipizide, glimepiride, tolbutamide) due to the increased risk of hypoglycemia (low blood sugar). Do not take with other agonist medicines such as: Ozempic, Wegovy, Adiyxin, Byetta, Bydurteon, Rybelsus, Trulicity, Victoza (THIS MAY NOT BE AN ALL-INCLUSIVE LIST). Other medications used in diabetes, please tell your provider about any medications that may lower your blood sugar.

Possible side effects: Nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease (GERD). Subcutaneous Injections: common injection site reactions characterized by itching, burning at site of administration with or without thickening of thin skin (welting). If you notice other side effects not listed above, contact your doctor or pharmacist.

A very serious allergic reaction to this medication is very 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.**

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THIS TREATMENT, OR ANY QUESTIONS CONCERNING THIS PROPOSED TREATMENT OR OTHER POSSIBLE TREATMENTS, ASK THE STAFF NOW BEFORE SIGNING THIS CONSENT FORM.

By signing, I certify that I have read and understand the contents of this form. I am aware of the possible side effects and drug interactions and give my consent for treatment. I have informed the medical staff of any known allergies to drugs or other substances, and any past adverse reactions I've experienced. I have informed the medical staff of all medication and supplements I am currently taking; I understand there are other ways and programs that can assist me in my desire to decrease my body weight and acknowledge that no guarantees have been made to me concerning my results.

Print Patient Name _____ Date: ____/____/____

Patient Signature _____ Date: ____/____/____

Medical Assistant Signature _____ Date: ____/____/____