

Consent for Semaglutide to Promote Weight Loss

I have fully disclosed any medical conditions or diseases. I agree to report any problems/side effects that might occur during the treatment program. I agree to release the facility from any liability arising as a result of taking Semaglutide. While adverse side effects or complications are not expected, if an illness or side effect occurs, I understand that I need to contact my PCP and notify A New You Aesthetic Spa. While not expected, serious side effects of taking this drug may include prolonged vomiting, inflammation of your pancreas (pancreatitis), changes in vision, low blood sugar (hypoglycemia), kidney problems, and serious allergic reactions. Common side effects may include nausea, vomiting, diarrhea, stomach pain, and constipation. I will comply with the recommended dosages and methods of administration provided. The drug provided to me is a compounded drug provided by a state licensed pharmacy. Compounding pharmacies are regulated and monitored for quality purposes by the state. The Food and Drug Administration permits its use, but the FDA does not review these drugs to evaluate their safety, effectiveness, or quality. I understand and have been advised that I should not receive Semaglutide if I have a history of angioedema, anaphylaxis, or other serious hypersensitivity reactions or if I am pregnant or breastfeeding. Semaglutide is contraindicated in patients with a personal or family history of certain types of thyroid cancer, specifically thyroid C-cell tumors such as medullary thyroid carcinoma (MTC) or in patients with multiple endocrine neoplasia syndrome type 2 (MEN 2). It is also contraindicated in patients with type 1 diabetes and a history of pancreatitis. I understand in studies, some laboratory animals given semaglutide developed thyroid tumors, but it is not known if this medication increases the risk of tumors in humans. Semaglutide should be used cautiously for people on other blood sugar lowering medications, and you should limit the amount of alcohol intake while on this medication. If I experience an emergency, I understand I need to go to an emergency facility. I understand that if there are any changes in my medical history or medication or any other relevant changes, I will report it. I agree to be weighed every month and weigh myself weekly at the time of injection. I understand there is no guarantee that this program will work for me. I have read and fully understand the above terms. My questions have been addressed to my satisfaction. I have done my own research and agree that Semaglutide is the best option for me for weight loss. I agree to release A New You Aesthetic Spa and all employees from any liability associated with this treatment.

Name _____

Signature _____ Date _____