
Peptide for Weight Loss

What Is Semaglutide?

Unless you're a healthcare professional or have Type 2 diabetes, it's entirely possible you've never heard of semaglutide before. Despite its relatively new application as a powerful weight loss therapy, semaglutide is a well-researched substance by way of its use for diabetes treatment. It has already been prescribed for several years as an injectable medication for the improved management of glycemic control. When looking for viable alternatives to semaglutide for weight loss, this glycemic control mechanism is the key aspect that one hopes to replicate or mimic.

The FDA (United States Food and Drug Administration) more recently approved semaglutide as a prescription weight loss aid. Its approval has already improved the lives of chronically overweight patients.

Semaglutide is a GLP-1 (glucagon-like-peptide-1) receptor agonist suitable for those who are overweight, obese, and/or those who are committed to shedding a significant amount of weight and do not have other significant underlying health issues. It is a long-acting prescription medicine designed to be used over an extended period of several months or more. Semaglutide is not a miracle cure or a gimmick supplement.

Semaglutide injections are not an appropriate treatment for people who only need to lose a small amount of weight or have a body mass index (BMI) of 27 or less. It is also not appropriate for those who are looking for an "instant" or short-term weight loss fix.

How Does Semaglutide Work?

Semaglutide is in a class of medications called glucagon-like peptide 1 (GLP-1) agonists. GLP-1 agonists work by stimulating your pancreas to increase insulin. This additional insulin causes the stomach to empty over a longer period. This slow and consistent digestion is merely an early step in the chain reaction that makes semaglutide such an effective weight-loss drug.

When your stomach takes more time to empty itself of food, it sends signals of "fullness" to the brain. This signal is sent throughout a larger portion of your day, even if you're eating less food than usual. The result of this process is a powerful appetite suppression effect based on the patient's own natural insulin production. This means patients using semaglutide or semaglutide alternatives can benefit from medically assisted weight loss without any need for invasive surgery.

A semaglutide regimen will also lead to healthier blood sugar levels, which can help a patient feel more energetic throughout the day. Stabilized and controlled blood sugar levels can also help improve other areas of your overall health. Even if you aren't at risk for diabetes, this effect can contribute to a general sense of well-being, which is a crucial component in any weight loss journey.

Potential Semaglutide Side Effects

- Loss of appetite (i.e., constant feelings of fullness that go beyond the desired results)
- Light-headed or dizzy sensations
- Persistent lethargic feeling
- Gastrointestinal discomfort
- Diarrhea
- Nausea/ Vomiting

Patient Name: _____ DOB: _____



Peptide Weight Loss Program

Intake Questionnaire

During the last 3 months, I have had episodes of excessive overeating where I ate more than what most people would eat in a similar period of time..... ☐ Yes ☐ No

- If "No", please skip to 'Other Weight Loss Program' section
- If "Yes" complete the following:

During these episodes I feel I have NO CONTROL over my eating..... ☐ Yes ☐ No

I eat during these episodes even when I am not hungry..... ☐ Yes ☐ No

During these episodes I feel embarrassed by how much I ate..... ☐ Yes ☐ No

During these episodes I feel disgusted with myself, or guilty afterward ☐ Yes ☐ No

In the past 3 months, I have sometimes made myself vomit to try to control my weight..... ☐ Yes ☐ No

Other Weight Loss Programs:

I have done other weight loss programs or taken other weight loss medications..... ☐ Yes ☐ No

If yes, which one: _____

The person closest to me supports my intentions to do this program..... ☐ Yes ☐ No

Long term, I would like to maintain my weight at: _____ lbs

I would like to achieve this goal in the following number of months: _____

Patient Name: _____ DOB: _____

Program Details

Initial Consultation - \$49

What's included: A thorough consultation with our certified nutrition coach to review your personal health history, goal assessment, and program expectations

Membership Program Initiation fee - \$500

What's included:

- Initial appointment with certified nutrition coach
- Semaglutide including B12 for energy, sleep cycle regulation, and a better patient experience.
- (Recommendations to limit Nausea: Eat bland, low-fat foods, like crackers, toast and rice. Eat foods that contain water, like soup and gelatin. Avoid laying down after eating. Eat slowly. Go outdoors for fresh air.)
- Weekly check-in appointments to receive injections and to monitor weight, BMI, body fat %, & hydration status for result tracking
- Education and supplies provided for at-home injections (optional)
- Individual counseling & support with our certified nutrition coach throughout your membership every 4-6 weeks as needed
- Ongoing monitoring and medication titrations to meet your wellness goals

**6 month membership required for optimal results. Minimum of at least 1 monthly check-in required during the duration of medication use.*

Cost of Peptides:

- Semaglutide 10mg vial- \$549

Standard Recommended Dosage:

- Starting Dose: 0.25mg or 0.1 mL - (weekly injection)
- If tolerated, increase dose after 4 weeks dose: 0.5mg or 0.2mL - (weekly injection)
- If tolerated, increase dose after 8 weeks dose: 1mg or 0.4mL - (weekly injection)
- Continue above dose to desired result, if stalled dosage can be increased up to .6mL

It is our goal to offer you a complete health and wellness package to support you on your weight loss journey. Our highly skilled staff are ready to help provide you with the resources needed to reach your goals and become the best version of yourself!

Patient Name: _____ DOB: _____

Patient Consent

I, _____ authorize Renew Image and staff to help me in my weight reduction efforts.

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 treatment plan.
- Avoid foods 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 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) 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 peptide, tell your doctor/pharmacist your medical history.

Possible drug interactions: Anti-diabetic agents, specifically: Insulin and Sulfonylureas (e.g., glyburide, glipizide, glimepiride, tolbutamide) due to the increased risk of hypoglycemia (low blood sugar). Do not take with other GLP-1 agonist medicines such as: Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy® (THIS IS NOT 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 distension, 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 (whealing). 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.

Patient Name: _____ DOB: _____

Please read and initial each of the following:

I understand communication is key in providing superior care and achieving optimal results. We will do our utmost to communicate clearly and meet your expectations. In turn you will also be expected to communicate clearly with us. Please inform us if you must miss an appointment or change the care plan in some way. In order for us to provide optimal access to care and achieve the best outcomes for you, the following policies apply to the semaglutide weight loss program.

Initials

Patients should give the office at least 24 hours notice to cancel or reschedule any appointments to avoid being charged a fee.

Initials

If 60 days have passed since the last medical weight loss visit, without prior arrangement between the staff and patient, the patient will be considered to have dropped out from the program. A new initiation fee must be paid to restart.

Initials

I understand the initial membership fee of \$500 will be due at the time of joining the semaglutide weight loss program.

Initials

I understand that the peptide vials will be automatically charged or drafted from my credit card when new vial is needed.

Initials

I understand that my membership status will continue until weight loss is achieved.

Initials

I understand the initial membership fee is non-refundable should you decide you cannot tolerate the injections and wish to not move forward.

Initials

I understand after the original 6 months if I still desire to continue the program, I may continue the program by letting the staff know to renew my membership for the \$49.

Initials

I understand if I wish to cancel my membership at any time, I must submit a request in writing to myrenewimage@gmail.com.

To later re-enroll in the program, the member will be required to complete a new initiation with the original initiation fee of \$500.

Initials

I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances made to me that the program will be successful and **no refunds** will be given.

Initials

I also understand that obesity may be a chronic, life-long condition that may require drastic changes in eating habits and permanent changes in behavior to be treated successfully.

Initials

Name: _____ DOB: _____



IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THIS TREATMENT, OR ANY QUESTIONS WHATSOEVER 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 peptide interactions and give my consent for treatment. I have informed the staff of any known allergies to drugs or other substances, and any past adverse reactions I ve experienced. I have informed the staff of all medications and supplements I'm 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.

_____ Signature	_____ Date
_____ Printed Name of Weight loss client	_____ Signature of Practice Representative and Witness

Credit Card Authorization

Primary/ Preferred:

Card Type: ☐ Mastercard ☐ VISA ☐ Discover ☐ AMEX ☐ Other:_____

Cardholder: _____

Card Number: _____

Expiration Date: (mm/yy) _____ CVV code: _____

Address: _____

City: _____ State: _____ Zip: _____

Secondary:

Card Type: ☐ Mastercard ☐ VISA ☐ Discover ☐ AMEX ☐ Other:_____

Cardholder: _____

Card Number: _____

Expiration Date: (mm/yy) _____ CVV code: _____

Address: _____

City: _____ State: _____ Zip: _____

Completion of this form authorizes Renew Image Advanced Aeshetics and Training Center to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transaction on my account.

_____ Cardholder Signature	_____ Date
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Please inform our office of any changes associated with your card to avoid additional fees.

Name: _____ DOB: _____