



# Semaglutide 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 drug, 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

*Report these or any other negative side effects to our office. We may suggest a change in dose or treatment plan.*

*Call our office at 817-870-4833 or text our secure texting line: 817-402-9679.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_



# Semaglutide Weight Loss Program

## Patient 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: \_\_\_\_\_



## Program Details

### Initial Consultation - \$100

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

### Membership Program Initiation fee - \$500 + \$150/ month

What's included:

- Initial appointment with baseline blood work & follow up testing as needed. (Lab work billed to patient or patient's insurance.)
- Prescription for Semaglutide including B12 for energy, sleep cycle regulation, and a better patient experience.
- Prescription for Zofran for Nausea. (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 nurse practitioner 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 Medication - billed to patient:

- Semaglutide 2mL vial- \$150
- Semaglutide 4mL vial- \$225
- Semaglutide 6mL vial- \$325
- Shipping to home - \$10/ shipment

### 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 nursing 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 West Magnolia Plastic Surgery, P.A. 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 medication.
- 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 medication, 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 (welling). 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.

\_\_\_\_\_  
Patient Initials

Patients should give the office at least 24 hours notice to cancel or reschedule any appointments to avoid being charged a \$100 fee.

\_\_\_\_\_  
Patient 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.

\_\_\_\_\_  
Patient Initials

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

\_\_\_\_\_  
Patient Initials

I understand that the monthly membership fee of \$150 will be automatically charged or drafted from my credit card each month.

\_\_\_\_\_  
Patient Initials

I understand that my membership status will continue to automatically renew at the end of each month period until my commitment has expired.

\_\_\_\_\_  
Patient Initials

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

\_\_\_\_\_  
Patient 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 \$150/ month price.

\_\_\_\_\_  
Patient Initials

I understand if I wish to cancel my membership at any time, I must submit a request in writing to [info@mclaughlinmd.com](mailto:info@mclaughlinmd.com). A request to cancel must be made at least 30 days in advance of the month the auto draft date to ensure cancellation. To later re-enroll in the program, the member will be required to complete a new initiation with the original initiation fee of \$500.

\_\_\_\_\_  
Patient 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.

\_\_\_\_\_  
Patient 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.

\_\_\_\_\_  
Patient Initials

Patient 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 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 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.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Printed Name of Patient Signature of Practice Representative and Witness

*West Magnolia Plastic Surgery reserves the right to modify or cancel this membership program at any time for any reason.*

**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 West Magnolia Plastic Surgery, P.A./ The Retreat Medical Spa 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

*Please inform our office of any changes associated with your card to avoid membership interruptions or additional fees.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_