



## Semaglutide +BPC-157+B6 Consent Form

Semaglutide is a human based glucagon like peptide-1 receptor agonist prescribed as a adjuvant to a reduced calorie diet and increased exercise for a long term and sustainable weight management program in adults with an initial body mass index that is considered outside a healthy range. BCP-157 is a stable gastric peptide which is stable in human gastric juice and can thus be effectively administered orally or by injection while maintaining its therapeutic and clinical potency.

While using Semaglutide and BPC-157, it is highly recommended that you:

- Eat a diet high in fiber; fruits and vegetables are good sources
- Eat small high nutrient rich meals, as digestion is slowed down while on this medication
- Avoid high fat foods, as they take longer to digest
- Limit alcohol intake, as alcohol can lower blood pressure
- Drink at least 32oz of water daily 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 without speaking with your endocrinologist
- Are utilizing insulin, 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 BCP-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 information. Before using this medication, tell your primary care provider and pharmacist and advise them of your complete medical history.

**Possible Drug Interactions:** Anti-diabetic agents, specifically Insulin and Sulfonylureas (e.g., glyburide, gliclazide, glipizide, glibenclamide, tolbutamide and glimepiride due to the increase risk of hypoglycemia. Do not take with other GLP-1 agonist medications such as Adlyxin®,

Byetta<sup>®</sup>, Bydureon<sup>®</sup>, Ozempic<sup>®</sup>, Rybelsus<sup>®</sup>, Trulicity<sup>®</sup>, Victoza<sup>®</sup>, Wegovy<sup>®</sup> (this is NOT an all-inclusive list). Please tell your ask your provider about any other medications in your routine 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. If you notice other side effects not listed here, contact your provider or pharmacist. Let your provider know about any side effect(s) you are experiencing.

A serious reaction to this drug is rare, however, get immediate medical help right away if you notice any symptoms of a serious allergic reaction including rash, itching/swelling (especially of the face, tongue and/or throat), severe dizziness, trouble breathing. Report adverse side effects to your provider. In the event of an emergency, call 911 immediately.

**If you have questions as to the risk or hazards of this treatment, or any questions concerning this proposed treatment, or other possible treatments, as your provider now before signing this consent form.**

**By signing, I certify that 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 by primary care provider and my functional consult provider of any known allergies to drugs or other substances, and any past adverse reactions I've experienced. I have informed all of my medical providers of all medications and supplements I'm currently taking. I understand that there are other ways and programs that can assist me in my desire to decrease by body weight and acknowledge that no guarantees have been made to me concerning my results.**

**Print Name**\_\_\_\_\_. **Date of Birth**\_\_\_\_\_.

**Patient Signature**\_\_\_\_\_. **Date Signed**\_\_\_\_\_.

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