Aikana
ESTHETIC CENTER

PUR Beauty LLC|Aikana Esthetic Center
5103 Backlick Rd. Unit C Annandale VA, 22003
Medical Director:Priya Thirumlai MD,FACOG,FACS

Semaglutide Weight Loss Program Consent Form

Name:(First)_____(Last) _____ (MI)_____
DOB:_____/_____/_____Date of Visit:_____/_____/_____Phone:(Home/Cell)_____
Email:_____ Gender: M / F Referred By: _____

What is Semaglutide and how does it work?

Semaglutide is a weight loss medication received by weekly injection. Semaglutide is FDA approved for weight loss and more effective than all prior weight loss medications. It works by:

- Slowing down stomach emptying so that after eating, you feel full longer
- Suppressing appetite and food cravings (on average patients eat ~30% less)
- Lowering blood glucose levels (without making glucose levels too low)

Your body naturally produces several substances that affect your appetite. One of these is called glucagon-like peptide-1 (GLP-1). The body produces GLP-1 naturally when you eat. GLP-1 stops you from feeling hungry and makes you feel full or satisfied. Semaglutide imitates GLP-1 in the body. This means that Semaglutide provides the same effect as this natural substance (GLP-1) in our bodies.

Reduced food intake: Because Semaglutide reduces feelings of hunger, you eat less food. When combined with a healthy diet and exercise, Semaglutide will help you lose weight.

You CANNOT take Semaglutide if you have any of the following conditions:

- Personal or family history of Medullary Thyroid Carcinoma (MTC)
- Personal or family history of Multiple Endocrine Neoplasia, type 2 (MEN 2)
- Prior allergic reaction to Semaglutide or to any of its ingredients* (serious allergic reactions, including anaphylaxis and angioedema, have been reported with Semaglutide)
- Diabetic retinopathy (diabetic eye disease)
- Pregnant or trying to get pregnant (the estimated background risk of major birth defects is ~3% and the estimated background risk of miscarriage is ~18% – these percentages are increased with use of Semaglutide during pregnancy)
- Breast-feeding (Semaglutide is present in breast milk)
- Less than 18 years old
- Depression with a history of suicidal thoughts

This document is intended to serve as a confirmation of informed consent for compounded semaglutide, which is a prescription weight management medication.

A. Patient Informed Consent

1. I voluntarily request that Priya Thirumlai MD,FACOG,FACS. (Provider) and Aiko Shiraishi RN. treats my medical condition.
2. I have informed my provider of any known allergies, my medical conditions, medications, social/family history.
3. I have the right to be informed of any alternative options, side effects, and the risks and benefits.
4. I understand the mechanism of action of the medication.
5. I understand how it is to be administered.
6. I understand the prescription will come from a compounding pharmacy.
7. Prices may vary and change.

8. Priya Thirumlai MD,FACOG,FACS (Provider) and Aiko Shiraishi RN may change the pharmacy based on several factors (availability, shipping time, cost). Aikana Esthetic Center will tell you as this happens.
9. It has been explained to me that this medication could be harmful if taken inappropriately or without advice from the provider.
10. I understand this medication may cause adverse side effects (see below). I understand this list is not complete and it describes the most common side effects, and that death is also a possibility of taking this medication. I understand symptoms may be worse after there has been a change in my medication dose or when first starting the medication.

Common side effects include, but are not limited to:

- Gastrointestinal: Nausea/vomiting, abdominal pain, Diarrhea/constipation, dyspepsia, abdominal distension, eructation, flatulence, gastroenteritis, GERD, gastritis, lipase increase, amylase increase
- Neurological: Headache, dizziness
- Cardiac: Heart rate increase, Hypotension
- Endocrine: Fatigue, hypoglycemia (diabetic patients),

Ophthalmic: Retinal disorder (diabetic patients)
Skin: redness or pain at injection site alopecia

Serious Reactions include, but are not limited to:

- Thyroid C-cell tumor (animal studies)
- Medullary thyroid cancer
- Hypersensitivity reaction
- Anaphylaxis
- Angioedema
- Syncope
- Acute kidney injury
- Chronic renal failure exacerbation
- Pancreatitis
- Cholelithiasis
- Cholecystitis

B. I understand that I have the following responsibilities:

1. I agree to obtain prescriptions for compounded semaglutide only from Priya Thirumlai MD,FACOG,FACS (Provider) and Aiko Shiraishi RN
2. Medical history: I will tell the provider my complete medical history, including: allergies, medications, medical/surgical/social/family history.

a. Priya Thirumlai MD,FACOG,FACS. (Provider) and Aiko Shiraishi RN may ask to review, with your permission, your medical history (medications, recent lab results, pertinent imaging results).
b. I understand that if I become pregnant or start trying for pregnancy, I must stop this medication.
c. I will be honest to the best of my ability the history she needs to know.
d. I will tell my provider any updated health information (medication, allergies, personal medical issues/surgeries/social history, or family history changes).
e. My provider can discuss my treatment plan with any co-treating pharmacist and/or healthcare provider
f. I will always tell other providers about all medications I am taking.
g. Provider/Rn may ask for me to seek additional labs while on treatment to ensure its safety.

C. Safety:

6. If the Provider deems it appropriate to start weaning my medication or transition to maintenance dosing, I will comply.

D. Discontinuation of medication: I understand that Priya Thirumlai MD,FACOG,FACS. (Provider) and Aiko Shiraishi RN may stop prescribing my medications if:

a. I am having unfavorable side effects or it's not working to treat my medical condition
b. I have been untruthful in my medical or family history
c. I do not follow through with the recommended plan of care set by Priya Thirumlai MD. (Provider) and Aiko Shiraishi RN
d. I do not follow any parts of "Part B: responsibilities" in this agreement.

Aikana
ESTHETIC CENTER

PUR Beauty LLC|Aikana Esthetic Center
5103 Backlick Rd. Unit C Annandale VA, 22003
Medical Director:Priya Thirumlai MD,FACOG,FACS

I have read this form in its entirety. It has been explained to me. I have had the opportunity to ask questions and have all my questions answered. I fully understand the above information and have no further questions. By signing this form, I voluntarily give my consent for treatment and agree to the risks.

In the event of a life threatening emergency call 911. Non-emergent questions save for next business day, any medical related questions call Aikana Esthetic Center (703)655-8253

Full Name:_____

Signature:_____Date:_____