

## Tirzepatide Consent

Tirzepatide is a once weekly injection dual Glucagon Like Peptide-1 (GLP-1) receptor and Glucose-Dependent Insulinotropic Polypeptide (GIP) receptor agonist. It works by increasing insulin production and lowers glucagon secretion as well as targets areas in the brain that regulate appetite and food intake. A small change in the molecule allows the drug to last weeks in our bodies rather than the natural version our bodies make, which lasts minutes. Tirzepatide can be used along with a reduced calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) that is considered outside of the healthy range.

### While using Tirzepatide:

- Eat a fibrous diet. Focus on fruits and vegetables that are high in fiber.
- Eat small high protein meals as digestion is slowed while on this medication.
- Avoid food 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 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, plan to become pregnant, or nursing while taking this medication.
- You are diabetic and/or taking any medications related to lowering your blood sugar without consulting with your physician.
- 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.
- Have history of pancreatitis.
- You are allergic to Tirzepatide 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.

### Possible Side Effects:

Nausea, vomiting, diarrhea, 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 the site of administration with or without thickening of the skin (welling).

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 throat/face/tongue), severe dizziness, trouble breathing. Report adverse side effects to your doctor or pharmacist. In the event of an emergency, call 911 immediately.

**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.**

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved. I have consulted with my medical provider and have had a recent exam and/or physical assessment and lab work to accompany that indicates it is safe to proceed with this treatment.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, pre-existing conditions, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of this procedure/treatment as well as during the course or treatment, which may be guided by the treatment form today.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_