

OptiPepRx

GLP Weight Management Disclosure & Informed Consent

I acknowledge that I have voluntarily requested weight management services through OptiPepRx. If a licensed provider determines treatment is appropriate, therapy may include GLP-class medications or related agents intended to support weight management and metabolic health.

Important Information

- 1. Individualized Medical Decision** Medication selection, dosing, and titration are determined by a licensed provider based on my medical history and clinical assessment.
- 2. No Guarantee of Results** Results vary. No specific amount of weight loss or symptom improvement is guaranteed.
- 3. Common Side Effects** Possible side effects may include nausea, vomiting, diarrhea or constipation, abdominal discomfort, decreased appetite, reflux, fatigue, headache, or dizziness.
- 4. Potential Serious Risks** More serious risks may include pancreatitis, gallbladder disease, kidney issues (including dehydration-related), worsening gastrointestinal motility issues, and low blood sugar (especially when used with insulin or sulfonylureas).
- 5. Thyroid-Related Contraindications** These therapies are generally not appropriate for individuals with a personal or family history of medullary thyroid cancer or MEN2.
- 6. Pregnancy and Breastfeeding** These therapies are not appropriate during pregnancy or while breastfeeding. I agree to notify my provider promptly if pregnancy is possible or occurs.
- 7. Patient Responsibilities** I agree to provide complete and accurate information, follow dosing instructions, and promptly report concerning symptoms (e.g., severe abdominal pain, persistent vomiting, or allergic reactions).
- 8. Lifestyle and Monitoring** I understand therapy works best alongside nutrition, activity, hydration, and follow-up. Lab monitoring or follow-up visits may be recommended based on my risk profile.

Patient Attestation

By signing below, I confirm that I have read and understood this disclosure, had the opportunity to ask questions, and consent to medical evaluation and, if deemed appropriate by a licensed provider, treatment under the provider's clinical judgment.

This disclosure is informational and does not replace individualized medical advice. Final determination of appropriateness is made by the reviewing provider.

Patient Name (print): _____

Date: _____

Signature: _____

DOB: _____

If you experience severe symptoms (e.g., chest pain, shortness of breath, fainting, severe abdominal pain, or signs of allergic reaction), seek urgent or emergency medical care.