

Consent to Retatrutide Treatment

Before you choose to use the services of practitioner: please read the following information FULLY AND CAREFULLY:

Why Retatrutide injections?

My signature on this form affirms that I have given my consent to the Semaglutide/ Cagrilintide/Tirzepatide/Retatrutide protocol as discussed with the practitioner.

HEALTH CONCERNS: Note: If you have any physical or emotional reaction to GLP-1/ GIP treatment, discontinue use immediately, and contact your PRACTITIONER to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the treatment.

Laboratory testing may be done to any patient identified at risk to determine areas of dysfunction, not to diagnose or treat. Potential blood tests:

1. Full blood count
2. Liver function test
3. Kidney Function Tests
2. Cholesterol levels, HbA1c, Glucose

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the treatment. It is sometimes necessary to adjust your program as we proceed. It is your responsibility to do your part by following healthy dietary guidelines, exercise your body and make necessary behavioural modifications.

1. Alternatives to Retatrutide therapy are surgical procedures, oral medical treatments (including Orlistat) and / or dietary and lifestyle changes alone.
2. Several weeks to months of treatment may be required depending on your individual response.
3. If a missed dose is more than 5 days late, the missed dose should not be taken, and the next dose should be taken at the normal time.
4. Retatrutide should not be used in combination with another GLP-1 receptor agonist, insulin or insulin secretagogues (such as sulfonylureas) due to the risk of hypoglycaemia.
5. Upon initiation of Retatrutide treatment in patients on warfarin or other coumarin derivatives more frequent monitoring of International Normalised Ratio (INR) is recommended.
6. Retatrutide causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications. Monitor for potential consequences of delayed absorption of oral medications concomitantly administered

with Semaglutide

7. There are several special warnings and precautions for use of Retatrutide including warnings on pancreatitis, cholelithiasis and cholecystitis, thyroid disease, heart rate, dehydration and hypoglycemia in people with type 2 diabetes.

8. Thyroid adverse events, such as goiter have been reported in particular in patients with pre-existing thyroid disease. Retatrutide should therefore be used with caution in patients with thyroid disease.

9. Signs and symptoms of dehydration, including renal impairment and acute renal failure, have been reported in patients treated with Retatrutide. Patients should also be aware of the symptoms of increased heart rate.

The most common side effects are: Nausea, constipation, decreased appetite, dizziness, hypoglycemia, vomiting, dyspepsia, abdominal pain, diarrhea, headache, fatigue, increased lipase.

Nausea is the most common side effect when first starting Retatrutide but decreases over time for most people as their body gets used to the medicine. The dosing schedule is designed to reduce the likelihood of gastrointestinal symptoms. Tell your health care professional if you have any side effect that bothers you or that does not go away.

Risks of Semaglutide/Cagrilintide/Tirzepatide/Retatrutide treatment include but not limited to:

a. Common or very common, reported in 5%: Dysgeusia (altered sense of taste), dry mouth, insomnia, asthenia; burping; constipation; diarrhea; dizziness; dry mouth; gallbladder disorders; gastrointestinal discomfort; gastrointestinal disorders; insomnia; nausea; vomiting, hypoglycemia, dyspepsia, gastritis, gastro-oesophageal reflux disease, flatulence, eructation, upper abdomen pain, abdomen distension, cholelithiasis, injection site reactions, fatigue, increased lipase, and increased amylase.

b. Uncommon: Malaise; pancreatitis; tachycardia; urticaria

c. Rare: Renal impairment, allergic reaction, anaphylaxis

I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. At any stage during the treatment, I have the right to request that the procedure is terminated, however I accept that I will not be reimbursed once supply has commenced.*

My signature on this form affirms that I have given my consent to the Retatrutide protocol as discussed with the practitioner.

Patient Name*

Signature*

Date*

