West Annapolis Medical Spa

AT SANDEL DUGGAL PLASTIC SURGERY

Peptide, Wellness & Medical Weight Management

UNIVERSAL INFORMED CONSENT

Patient informed consent for supportive peptide, wellness, topical, and medical weight-management treatments.
This consent covers one or more selected treatments after provider review, screening and counseling.

1. PATIENT INFORMATION

Name: _____ DOB: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Reason for treatment / wellness goals: _____

2. TREATMENT SELECTION

- ☐ Recovery Peptide Program (TB-500 + BPC-157)
- ☐ NAD+ + B12 Take-Home Energy Kit
- ☐ GHK-Cu Skin Renewal Topical (with or without estradiol)
- ☐ Weight Management Injection Program (Semaglutide + Vitamin B6 or Tirzepatide + Vitamin B6)

Other notes / selected plan: _____

3. WHAT THESE TREATMENTS ARE

- **Recovery Peptide Program (TB-500 + BPC-157):** physician-directed supportive subcutaneous peptide program using TB-500 and BPC-157, often discussed for recovery support after cosmetic surgery, training, or soft-tissue strain.
- **NAD+ + B12 Take-Home Energy Kit:** physician-directed supportive subcutaneous wellness program intended to support energy, recovery, and mental clarity, with individualized NAD+ dosing and B12 support.
- **GHK-Cu Skin Renewal Topical (with or without estradiol):** physician-directed topical skin-renewal program, with or without estradiol when appropriate, intended to support skin quality, texture, fine lines, and post-procedure recovery.
- **Weight Management Injection Program (Semaglutide + Vitamin B6 or Tirzepatide + Vitamin B6):** physician-directed GLP-1 / GIP-based treatment intended to support appetite control, weight management, and metabolic support.

4. POSSIBLE BENEFITS

- May support recovery, wellness, skin quality, appetite control, or weight-management goals depending on the selected treatment.
- May support energy, mental clarity, soft-tissue recovery, or post-procedure recovery in some patients.
- May support healthier skin with improved healing and recovery.
- Benefits are variable and not guaranteed.

5. GENERAL RISKS, SIDE EFFECTS & UNCERTAINTIES

- Injection-site pain, redness, bruising, swelling, itching, or irritation.
- Nausea, flushing, lightheadedness, headache, abdominal discomfort, fatigue, or dizziness.
- Skin irritation, dryness, redness, rash, or sensitivity for topical treatments.
- Allergic reaction, infection, bleeding, dosing error, or lack of benefit.
- Side effects may be mild or serious; some risks and long-term effects may be uncertain.
- Evidence and expected benefits vary by treatment and patient.

6. PATIENT RESPONSIBILITIES & ALTERNATIVES

- I will disclose medications, supplements, allergies, pregnancy status, upcoming procedures, and new medical diagnoses.
- I will use medication only as directed, will not share medication, and will report side effects promptly.
- I understand alternatives include no treatment, lifestyle measures, in-office care, FDA-approved commercial therapies when appropriate, or other medical treatment.
- I understand I may decline or stop treatment at any time after discussing with my provider.

Patient Initials: _____

This consent is part of the informed decision-making process and does not replace individualized medical evaluation,prescribing review, or clinical judgment.

PEPTIDE, WELLNESS & MEDICAL WEIGHT MANAGEMENT

UNIVERSAL INFORMED CONSENT

Treatment-specific risks, precautions, and counseling information

7. TREATMENT-SPECIFIC RISKS & PRECAUTIONS

A. Recovery Peptide Program (TB-500 + BPC-157)

- Supportive, individualized subcutaneous peptide therapy.
- Possible risks include injection-site pain, redness, bruising, swelling, irritation, nausea, headache, lightheadedness, allergic reaction, infection, bleeding, or lack of benefit.
- Evidence for some uses may be limited, emerging, or off-label.
- Patients should disclose pregnancy, breastfeeding, blood-thinner use, active infection, cancer treatment, severe allergy history, and competitive or military drug-testing requirements.
- Seek medical advice for spreading redness, fever, drainage, significant pain, chest pain, leg swelling, or other concerning symptoms.

B. NAD+ + B12 Take-Home Energy Kit

- Supportive, individualized subcutaneous wellness treatment.
- NAD+ dosing may start at lower doses and may be increased as tolerated; B12 may be provided weekly when appropriate.
- Possible risks include nausea, flushing, lightheadedness, fatigue, abdominal discomfort, headache, injection-site irritation, allergic reaction, or infection.
- Patients should disclose dehydration, kidney disease, liver disease, pregnancy, breastfeeding, and major changes in medications or medical conditions.
- Benefits are not guaranteed, and treatment may be adjusted or stopped if not tolerated.

C. GHK-Cu Skin Renewal Topical (with or without estradiol)

- Topical compounded skin-renewal treatment.
- Possible risks include irritation, dryness, redness, burning, rash, itching, sensitivity, worsening irritation, or allergic reaction.
- Avoid contact with eyes, mucous membranes, and open wounds unless specifically directed.
- If estradiol is included, additional hormone-related precautions apply, including discussion of pregnancy, breastfeeding, unexplained vaginal bleeding, breast symptoms, clotting history, stroke/TIA, heart attack, or estrogen-sensitive cancer history.
- Stop and call for significant rash, swelling, allergic reaction, abnormal bleeding, breast symptoms, chest pain, or leg swelling.

D. Weight Management Injection Program (Semaglutide + Vitamin B6 or Tirzepatide + Vitamin B6)

- Weekly GLP-1 or GIP/GLP-1-based treatment intended to support appetite control and weight-management goals.
- Possible risks include nausea, vomiting, constipation, diarrhea, abdominal pain, bloating, dehydration, delayed stomach emptying, gallbladder problems, pancreatitis, low blood sugar when used with certain diabetes medications, injection-site irritation, allergic reaction, or lack of benefit.
- Do not use if there is a personal or family history of medullary thyroid cancer or MEN2.
- Patients should disclose pancreatitis, gallbladder disease, severe reflux or gastroparesis, bowel obstruction, kidney or liver disease, diabetes medications including insulin or sulfonylureas, and any upcoming surgery, sedation, endoscopy, or colonoscopy.
- These medications may need to be held before procedures as directed.

8. ADDITIONAL COUNSELING POINTS

- I understand treatment choice, dose, concentration, schedule, and duration are individualized.
- I understand not every treatment is appropriate for every patient.
- I understand additional screening or follow-up may be required before a prescription is issued or treatment is continued.
- I understand the provider may decline, change, or stop treatment if safety concerns arise.
- I understand I should notify the office promptly of pregnancy, new diagnoses, medication changes, side effects, or upcoming procedures.

Patient Initials: _____

This consent is part of the informed decision-making process and does not replace individualized medical evaluation, prescribing review, or clinical judgment.

PEPTIDE, WELLNESS & MEDICAL WEIGHT MANAGEMENT

UNIVERSAL INFORMED CONSENT

Regulatory disclosures, compound medication information, acknowledgements, and signatures

9. REGULATORY, EVIDENCE & NO-GUARANTEE DISCLOSURE

- Some treatments discussed in this consent may be prescribed or recommended off-label.
- Compounded medications are not FDA-approved, and the FDA does not review compounded products for safety, effectiveness, or quality before marketing.
- Some active ingredients may also exist in FDA-approved commercial products, but compounded preparations are not the same as FDA-approved brand-name drugs and may differ in formulation, concentration, preservatives, packaging, or delivery method.
- Clinical evidence varies by treatment. Some uses, especially supportive peptide or wellness-focused uses, may rely on limited, evolving, or non-definitive evidence.
- No specific result has been promised or guaranteed. Response varies by patient, diagnosis, adherence, and other medical factors.

10. COMPOUNDED MEDICATION & SOURCE DISCLOSURE

- When applicable, medications may be obtained from a licensed compounding pharmacy or other lawful prescription source selected by the practice.
- The exact pharmacy source, formulation, concentration, and beyond-use dating may vary based on availability and prescribing needs.
- Compounded products may contain inactive ingredients, preservatives, or excipients that differ from commercial products.
- Proper storage, handling, dosing, and disposal are required. The patient agrees to follow all instructions provided by the practice and pharmacy label.
- Patients should not share medication and should contact the office with any product concerns.

11. WHEN TO CALL / WHEN TO SEEK URGENT CARE

- Call the office promptly for worsening side effects, persistent nausea or vomiting, inability to tolerate treatment, rash, significant irritation, signs of infection, or questions about dosing.
- Seek urgent medical attention for severe abdominal pain, chest pain, shortness of breath, severe allergic reaction, leg swelling, dehydration, fainting, persistent vomiting, rapidly spreading redness, fever, drainage, severe bleeding, or any severe or concerning symptom.

12. PATIENT ACKNOWLEDGMENTS

- ☐ I have had the opportunity to ask questions and have received answers to my satisfaction.
- ☐ I understand the proposed treatment(s), possible benefits, risks, side effects, alternatives, and uncertainties.
- ☐ I understand some therapies may be compounded and/or prescribed off-label.
- ☐ I understand compounded medications are not FDA-approved or reviewed by FDA for safety, effectiveness, or quality before marketing.
- ☐ I understand that benefits are not guaranteed and that no promise or warranty has been made regarding outcome.
- ☐ I agree to disclose pregnancy, breastfeeding, new diagnoses, medication changes, and upcoming procedures.
- ☐ I agree not to change dose or frequency without provider approval and not to share medication.
- ☐ I understand I may decline or stop treatment at any time after discussion with my provider.

13. SIGNATURES

Patient Signature _____ Date _____

Printed Name _____ DOB _____

Provider / Witness Signature _____ Date _____

Patient Initials: _____

This consent is part of the informed decision-making process and does not replace individualized medical evaluation, prescribing review, or clinical judgment.