

Weight Management (Semaglutide) Prescription Drug Management Agreement

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

Patient Informed Consent

1. I voluntarily request that my provider treat my medical condition.
2. I have informed my provider of any known allergies, medical conditions, medications, and 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, which is not FDA approved. I have been told that the manufacturing facility itself is FDA monitored along with third party testing on the medication itself.
7. Prices may vary and change. My charge will include my time with my provider (in person and via communication outside of the office), supplies, and medication.
8. My provider may change the pharmacy based on several factors (availability, shipping, time, cost).
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), alopecia -Ophthalmic: retinal disorder (diabetic patients)
 - Skin: redness or pain at the injection site
- Serious reactions include, but are not limited to:
- Thyroid C-cell tumor (animal studies)
 - Medullary thyroid cancer
 - Hypersensitivity reaction -Anaphylaxis
 - Angioedema
 - Acute kidney injury
 - Chronic renal failure exacerbation
 - Pancreatitis -Cholelithiasis

- Cholecystitis
- Syncope

I understand that I have the following responsibilities:

1. I agree to obtain the prescriptions for compounded semaglutide from only my provider.

Patients and/or Legal Guardians Signature:

Provider's Signature:

Informed Consent

Personal Belongings:

Dermestetics is not liable in any way for lost, missing, misplaced, stolen, or damaged items (phones, cameras, electronics, jewelry, etc.). Clients are entirely responsible for their belongings.

Deposits:

Certain services require a Deposit to purchase and prepare the product(s) needed for your service. For services that require advanced preparation of your individualized treatment, products are considered a Loss upon cancellation once product(s) are already prepared for use towards your scheduled appointment, deeming deposits completely non-refundable, especially in cases of late-cancellation.

Our Commitment:

We are committed to providing you with an exceptional experience. If you are unhappy with the purchase of a product or service, Management must be informed within seven (7) days of the initial purchase.

Completed/Rendered Services and begun packages are not eligible for refunds.

While we do not offer refunds, we will work with you toward an alternative solution. Under no circumstances can services be exchanged for another service or transferred to another client.

Cancellations & Reschedules:

Appointments canceled or rescheduled within less than 48 hours, on the same day, or multiple times are subject to incur fees. Associated fees can be found on our website under the Privacy Policy.

No Call/No Shows are subject to a cancellation fee of 100% of the service(s) booked.

While our Consultations are complimentary, No Call/No Shows or consultations are subject to a fee determined by department (Salon: \$50, MedSpa: \$100, Advanced Aesthetics: \$150)
Our policies, in full, are available on our website.

We encourage all patients to review and familiarize themselves with our policies.

Patient's and/or Legal Guardians Signature:

3. I Have been untruthful in my medical or family history.

4. I do not follow through with the recommended plan of care set by my provider.

5. I do not follow any parts of "Part B: responsibilities" in this agreement.

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.