



**nourished**  
MEDSPA AND WELLNESS CENTER

## CONSENT FOR TREATMENT

### Peptide Therapy

#### PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested peptide therapy, which is used to try and prevent, reduce or control the dysfunction associated with the aging process, through upregulating my body's own hormonal balancing, control of oxidative stress and stimulating the body's own innate repair systems. I understand that peptide therapy is the therapeutic use of secretagogues similar to the hormones made naturally by my body. The procedure requires multiple sequential treatments for some time to see full benefits.

I understand that it is my responsibility to have an annual physical examination, annual gynecological exam/breast exam/mammogram or equivalent (for males, i.e. prostate exam), including any suggested laboratory tests to ensure that I have no disease(s) which might make peptide therapy inappropriate for my condition. I understand that peptide therapy may increase Insulin Growth Factor-1 (IGF-1) which has an increased risk of supporting growing cancer cells, and also understand that peptide therapy may increase Insulin Growth Factor Binding Protein 3 (IGFBP3) which has been shown to have a protective effect on cancer risk. I affirm that I do not have, nor have ever had or been diagnosed with, any cancer including breast, ovarian, endometrial (uterine), or prostate cancer or medical condition that would be contraindicated with peptide therapy. I also understand that peptide therapy may require laboratory monitoring at additional cost as prescribed by my physician or healthcare provider.

**CJC-1295, Ipamorelin, Sermorelin and Tesamorelin** are analogs of the growth hormone releasing hormone (GHRH) which increases endogenous (my own) growth hormone release. Ipamorelin is a selective ghrelin secretagogue which also encourages endogenous growth hormone release. Together, these peptides may be synergistic to increase serum growth hormone levels and thereby increase serum levels of IGF1 and IGFBP3 which initiate the body's natural repair processes.

**BPC 157** is derived from a compound called "body protective complex" which was originally isolated from gastric secretions and was found to protect organs and to prevent ulcers of the stomach. This peptide has been shown to decrease pain and discomfort due to joint injuries and muscle sprains and tears. It can also help with skin integrity and healing from wounds and injuries.

**PT-141 (Bremelanotide)** has been shown to increase sexual arousal and desire in females and increased erections in males

#### PROCEDURE

The goal is to provide you with better overall health. You need to be sure you understand the reason that this therapy is being prescribed, the potential risks of therapy and the potential risk of declining treatment. Do not undergo therapy until you have reviewed this document with your provider, thoroughly understand the potential risks and benefits of treatment, and have all your questions answered. The diagnosis and treatment used may be considered non-conventional, complementary or alternative. Other physicians may disagree with the need for treatment, the method of treatment and dosing, and/or the methods of monitoring. You agree to undergo testing as recommended and report any potential side effects immediately.

#### RISKS AND COMPLICATIONS

I understand that the general risks of injections may include, but are not limited to bleeding, bruising, scarring, soreness or long-term pain, anaphylaxis, rash, hives and infection.

For injectable peptides, adverse reactions include injection site redness, flushing, transient high blood sugar, development of antibodies, and water retention. These side effects are dose related and usually eliminated by adjusting the dosage. These drugs should not be used in patients with known cancer. Oral or sublingual CJC/Ipamorelin and BPC-157 do not have any known side effects.

#### BENEFITS

- Control of symptoms associated with declining hormone levels.
- May help prevent, reduce or control physical diseases and dysfunction associated with declining hormone levels.

- I understand that my healthcare provider cannot guarantee any health benefits or that there will be no harm from the use of peptide therapy

### **ALTERNATIVES**

This is strictly a voluntary procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include:

- Leaving the hormone levels as they are and doing nothing. Risks may include, but are not limited to: experiencing symptoms of hormone deficiency, and increased risk for aging-related diseases or dysfunction resulting from declining hormone levels. This alternative may result in the need to treat diseases or dysfunctions associated with declining hormone levels.
- Treating the symptoms of declining hormone levels as they develop with non-hormonal therapies such as SSRI's (antidepressants), sleeping pills, and herbal therapies, essential oils, lifestyle modifications such as weight loss, stress reduction, yoga, etc.
- Many of these hormones are used "off-label", which means they are not FDA approved. I understand that a provider is not required to use the medication as the labeling suggests. This is called off label prescribing and is specifically provided for by the FDA. These hormones are made by a compounding pharmacy. Off-label refers to use of, relating to or being an approved drug legally prescribed for a purpose for which it has not been specifically approved.
- Seeing another provider who believes in other therapies.

I understand that neither Nourished MedSpa and Wellness Center nor Dr. Jason Carter can guarantee any results or that there will be no harm. The potential health risks and benefits of using peptide therapy have been explained to me to my satisfaction.

### **QUESTIONS**

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

### **CONSENT**

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform peptide therapy and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received regardless of results or lack of results. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

\_\_\_\_\_  
**Patient Name (please print)**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Performed by (please print name and title)**

\_\_\_\_\_  
**Practitioner Signature**

\_\_\_\_\_  
**Date**



## PRE-TREATMENT INSTRUCTIONS

### Peptide Injection Procedure

- Be aware that **aspirin**, aspirin-containing medications (ie: Motrin), fish oil, flax seed, high doses of Vitamin A or E, Ginko Biloba, or Garlic may cause undue bleeding which may result in bruising. If you wish to minimize the risk of bleeding be advised that we recommend you avoid these substances for a minimum of **three days** prior to injection.
- Eat a meal or light snack prior to treatment. Notify clinician if you have a needle phobia, prior to treatment. This allows the clinician to take the appropriate precautions to ensure your treatment is as comfortable as possible.
- Optimal results are achieved with clients who continue treatments routinely. Frequency will depend on your individual needs/goals as well as your medical history.
- It is normal for the injection site to burn for just a few minutes immediately or shortly after the injection. This will dissipate once the product diffuses into the tissues.

*Please contact our office at 903-357-5108 with any questions or concerns.*



## POST-TREATMENT INSTRUCTIONS

### Peptide Injection Procedure

1. Effects will start to be apparent within several months after treatment.
2. Side effects can occur but are often very mild. The most common symptoms are: pain/redness or itching at the injection site, flushing, joint, muscle or tissue pain. These side effects will pass as time goes by.
3. Itching or a feeling of swelling all over the body may occur. If any of these effects persist or worsen, tell your doctor promptly. Many people using this medication do not have serious side effects.
4. Optimal results are achieved with clients who continue treatments routinely.
5. Inform our office immediately if a reaction has occurred. If immediate care is needed, call Dr. Carter, proceed to the nearest emergency room, or call 911.

*Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.*

Please make an appointment for follow-up and reassessment in 1 week.

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**Patient Name (please print)**

**Patient Signature**

**Date**