

WEIGHT LOSS PROGRAM PREVIEW

FIRST NAME	LAST NAME
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PROGRAM

ROUND
SEMAGLUTIDE TIRZEPATIDE AOD
OTHER (LIST IN SPACE PROVIDED)
CONSULTATION NOTES

DAY 1

WEIGHT	DOSING
WHAT DID THE CLIENT RECEIVE TODAY?	
NOTES	

1 WEEK FOLLOW UP

WEIGHT	DOSING
WHAT DID THE CLIENT RECEIVE TODAY?	
NOTES	

cont'd.



**4 WEEK
FOLLOW UP**

WEIGHT	DOSING
WHAT DID THE CLIENT RECEIVE TODAY?	
NOTES	

**8 WEEK
FOLLOW UP**

WEIGHT	DOSING
WHAT DID THE CLIENT RECEIVE TODAY?	
NOTES	

**12 WEEK
FOLLOW UP**

WEIGHT	DOSING
WHAT DID THE CLIENT RECEIVE TODAY?	
NOTES	