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PATIENT GUIDE

Oral GLP 1 tablets *for weight management*

Two FDA approved tablets, orforglipron (Foundayo) and semaglutide (Wegovy tablets), offer adults a once daily alternative to weekly weight injections. They work in similar ways and are taken very differently.

MEDICINES	CLASS	FORM	STATUS	SOURCES
Foundayo, Wegovy	GLP 1 agonists	Daily tablet	FDA approved	28 · PMID linked

§ 01

Overview

Two once daily tablets are now approved by the U.S. Food and Drug Administration for weight management in adults. Foundayo contains orforglipron, a small molecule that was approved on 1 April 2026, and Wegovy tablets contain semaglutide, the same medicine as the weekly Wegovy injection, approved in tablet form on 22 December 2025.[18] [19] [20] Both act on the GLP 1 receptor, the same receptor that weekly semaglutide acts on, and both were tested against placebo in large randomized trials. [1] [2]

Orforglipron can be taken at any time of day with or without food, while the semaglutide tablet has to be taken on an empty stomach with a small sip of water and a wait before breakfast.[18] [19] Every source is listed at the end, with links.

11.2%	**Average weight reduction with orforglipron.** In ATTAIN 1, 3,127 adults with obesity and without diabetes lost an average of 11.2 percent of their body weight over 72 weeks on the highest dose, compared with 2.1 percent on placebo.[1]
13.6%	**Average weight reduction with the semaglutide tablet.** In OASIS 4, 307 adults with obesity or overweight and without diabetes lost an average of 13.6 percent over 64 weeks on the 25 mg tablet, compared with 2.2 percent on placebo.[2]
30 minutes	**The wait after a semaglutide tablet.** Wegovy tablets are taken on an empty stomach with up to 4 ounces of water, then nothing else for at least 30 minutes. Foundayo has no food or water rules.[19] [18]
75 to 79%	**Of lost weight kept after switching from an injection.** In ATTAIN MAINTAIN, people who moved from weekly tirzepatide or semaglutide to orforglipron kept 74.7 and 79.3 percent of their weight reduction at one year, against 49.2 and 37.6 percent on placebo.[3]

§ 02

What oral GLP 1 tablets are

After a meal the gut releases GLP 1 (glucagon like peptide 1), a hormone that raises insulin when blood sugar is high, lowers glucagon, slows stomach emptying and signals fullness to the brain. The body clears its own GLP 1 within minutes.[4] Every GLP 1 medicine is designed to send that signal for much longer.

Semaglutide is a peptide. It is a modified copy of human GLP 1, sharing 94 percent of its sequence.[19] Peptides are normally broken down in the stomach, so the tablet pairs semaglutide with an absorption enhancer called SNAC (salcaprozate sodium), which buffers the stomach right around the tablet and lets a small amount of semaglutide cross the stomach lining.[5] [19] Only about 1 to 2 percent of each dose is absorbed, so the tablet doses are larger than the injection doses and the instructions for taking it matter.[19]

Orforglipron is not a peptide. It is a small molecule, about a fifth the size of semaglutide, designed to switch on the GLP 1 receptor without being built from the hormone's chain of amino acids.[6] [18] [19] About 77 percent of a dose reaches the bloodstream, and food has no clinically relevant effect on how much is absorbed.[18] It was known in early research as LY3502970.[6]

THE TWO TABLETS AT A GLANCE

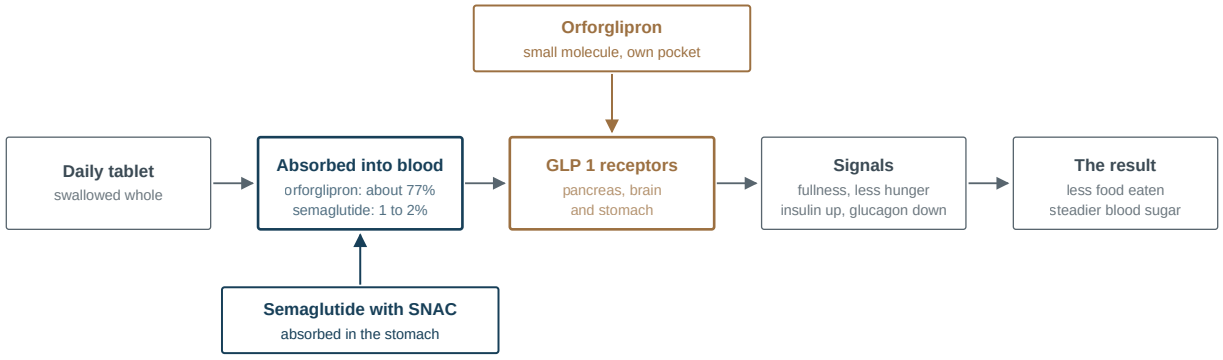
	FOUNDAYO	WEGOVY TABLETS
Medicine	Orforglipron[18]	Semaglutide[19]
Type of molecule	Small molecule, not a peptide[6]	Peptide, with the absorption enhancer SNAC[19]
Tablet strengths	0.8, 2.5, 5.5, 9, 14.5 and 17.2 mg[18]	1.5, 4, 9 and 25 mg[19]
Half life	About 29 to 49 hours[18]	About one week[19]
How it is taken	Once daily, any time, with or without food[18]	Once daily in the morning, empty stomach, 30 minute wait[19]

§ 03

How oral GLP 1 tablets work

Both tablets act on the GLP 1 receptor, found in the pancreas, the gut and the parts of the brain that regulate appetite.[4] [18] In the pancreas they raise insulin and lower glucagon only when blood sugar is raised, so on their own they rarely cause low blood sugar; the risk rises when they are combined with insulin or a sulfonylurea.[18] [19] In the brain they quiet hunger, and in the stomach they slow emptying; with orforglipron this slowing is largest after the first dose and fades over time.[4] [18]

Semaglutide from a tablet is the same molecule as semaglutide from an injection, and once absorbed it behaves the same way. In adults without diabetes, average blood levels on the 25 mg tablet are similar to those on the 2.4 mg weekly injection.[19] Orforglipron reaches the receptor by a different route. Structural studies show that it sits in its own pocket at the top of the receptor and switches it on partially, favoring one of the receptor's signaling pathways over another.[6] It also binds a part of the receptor found only in primates, so it has no effect in rats or mice.[6] [18]



Both tablets end at the same receptor and reach it by different paths. Orforglipron is absorbed well with or without food and binds its own site on the receptor; semaglutide needs SNAC and an empty stomach to be absorbed, then acts like the injection.[18] [6] [19] [5] In the pancreas the effect on insulin occurs only when blood sugar is raised.

The appetite effect accounts for most of the weight reduction. In a 20 week study in 61 adults with obesity, oral semaglutide (at a higher 50 mg dose that is not FDA approved) cut the amount eaten at a free lunch by 39.2 percentage points compared with placebo, with less hunger and fewer cravings.[7] The Foundayo label states that orforglipron decreases food intake, most likely by reducing appetite, and that the weight lost is more fat than lean tissue. [18]

KEY POINT

Neither tablet burns fat directly. Each one changes how hungry you feel and how much food it takes to feel satisfied.[7] [18] With a semaglutide tablet, what reaches your blood depends on taking it exactly as directed, because when the tablet is taken after a meal very little is absorbed. [8] Orforglipron is absorbed well with or without food, so the timing of meals does not change it. [18] In both cases the effect lasts only while the medicine is taken. [9] [3]

§ 04

What the research shows

Each tablet was approved on the strength of double blind, placebo controlled trials lasting more than a year, in which everyone also received advice on a reduced calorie diet and physical activity.[18] [19] The orforglipron trials used capsules at 6, 12 and 36 mg. The marketed tablets deliver the same amount of medicine at 5.5, 9 and 17.2 mg, and the label presents the trial results at those tablet doses. [10] [18]

What the evidence supports

Orforglipron lowers weight in people with and without diabetes. In ATTAIN 1, among adults with obesity and no diabetes, the average reduction at 72 weeks was 7.5, 8.4 and 11.2 percent on the three doses, compared with 2.1 percent on placebo. On the highest dose, 54.6 percent lost at least 10 percent of their weight and 18.4 percent lost at least 20 percent, and waist size, blood pressure, triglycerides and cholesterol all improved.[1] In ATTAIN 2, in 1,613 adults with type 2 diabetes, the reduction on the highest dose was 9.6 percent against 2.5 percent on placebo, with better blood sugar control. [11]

The semaglutide tablet matches the injection closely. In OASIS 4, the 25 mg tablet lowered weight by 13.6 percent at 64 weeks against 2.2 percent on placebo, and physical function scores improved.[2] The weekly injection is described in our semaglutide guide (OCW WP 023).

A tablet can hold the results of an injection. ATTAIN MAINTAIN followed 376 adults who had lost weight on weekly tirzepatide or semaglutide and were then switched to orforglipron or placebo for a year. Those on orforglipron kept most of their weight reduction, while those on placebo kept less than half.[3] The participants had first taken part in SURMOUNT 5, the head to head trial of the two injections described in our tirzepatide guide (OCW WP 024).[3]

What is not yet known

No trial has compared the two tablets directly in people taking them for weight. In type 2 diabetes, the ACHIEVE 3 trial found that orforglipron lowered blood sugar more than semaglutide tablets at the Rybelsus doses of 7 and 14 mg, though stomach side effects, stopping because of side effects and the rise in pulse were all more common with orforglipron.[12] An indirect statistical comparison of OASIS 4 and ATTAIN 1 suggested about 3 percentage points more weight reduction with the 25 mg semaglutide tablet, but comparisons across separate trials are less reliable than a direct trial.[13] Orforglipron has no heart outcome result on its label yet, and data beyond 72 weeks of continuous use are still being collected.[18]

HUMAN TRIALS BEHIND THE TABLETS All randomized; placebo controlled unless noted.

STUDY	N	WHO AND HOW	MAIN FINDING
ATTAIN 1 2025[1]	3,127	Obesity, no diabetes; orforglipron 6, 12 or 36 mg daily for 72 weeks	7.5, 8.4 and 11.2 percent weight reduction vs 2.1 percent
ATTAIN 2 2026[11]	1,613	Type 2 diabetes with obesity or overweight; 72 weeks	9.6 percent weight reduction on 36 mg vs 2.5 percent
ATTAIN MAINTAIN 2026[3]	376	Switched from weekly tirzepatide or semaglutide; 52 weeks	74.7 and 79.3 percent of weight reduction kept vs 49.2 and 37.6 percent
Phase 2 2023[14]	272	Obesity, no diabetes; orforglipron 12 to 45 mg for 36 weeks	9.4 to 14.7 percent weight reduction vs 2.3 percent
ACHIEVE 3 2026[12]	1,698	Type 2 diabetes on metformin; orforglipron vs semaglutide tablets, open label, 52 weeks	HbA1c lowered 1.91 points on orforglipron 36 mg vs 1.47 on semaglutide 14 mg
OASIS 4 2025[2]	307	Obesity or overweight, no diabetes; semaglutide 25 mg tablet for 64 weeks	13.6 percent weight reduction vs 2.2 percent
OASIS 1 2023[15]	667	Obesity or overweight, no diabetes; semaglutide 50 mg tablet (not approved) for 68 weeks	15.1 percent weight reduction vs 2.4 percent

SUMMARY

Both tablets produce substantial weight reduction in well run trials, with the semaglutide tablet close to the weekly injection and orforglipron somewhat lower in trials of a similar length.[2] [1] Orforglipron is simpler to take and has evidence for holding weight after an injection; the semaglutide tablet shares a long record of use and an approved heart risk indication with the injection.[3] [19] Stomach side effects in the early months, and regain after stopping, are part of the plan with either one.

§ 05

How oral GLP 1 tablets are taken

Both tablets start at a low dose and step up every 30 days or so, which gives the stomach time to adjust; stomach and bowel side effects are most common while the dose is rising.[18] [19] The schedules below are taken from the FDA approved prescribing information. Your physician may hold you at a step for longer if you need more time.

Foundayo (orforglipron)

One tablet is taken by mouth once a day, at any time, with or without food, and swallowed whole without breaking, crushing or chewing it. Never take more than one tablet in a day.[18] Blood levels settle into a steady pattern after about a week of daily doses.[18]

FOUNDAYO: STARTING AND INCREASING THE DOSE From the FDA prescribing information.[18]

STEP	ONCE DAILY DOSE
First 30 days or more	0.8 mg (starting dose)
Next 30 days or more	2.5 mg
Next 30 days or more	5.5 mg
Then, if needed and tolerated	9 mg, then 14.5 mg, then 17.2 mg, each after at least 30 days on the dose before
Maximum	17.2 mg once daily

A missed dose is taken as soon as possible, but never doubled. After 7 or more missed days in a row, the dose is stepped back down and built up again.[18] Some medicines change orforglipron levels through the liver enzyme CYP3A4 (with a strong CYP3A4 blocker the maximum dose is 9 mg), and simvastatin should not go above 20 mg a day alongside it.[18] Because it slows the stomach, the label advises anyone on a birth control pill to switch to another method, or add a barrier method, for 30 days after starting and for 30 days after each dose increase.[18]

Wegovy tablets (semaglutide)

One tablet is taken each morning on an empty stomach with no more than 4 ounces of plain water, swallowed whole. You then wait at least 30 minutes before eating, drinking anything else or taking other tablets.[19] These rules come from absorption studies: semaglutide taken after food was barely absorbed, and a longer wait after the dose raised the amount absorbed.[8][19]

WEGOVY TABLETS: STARTING AND INCREASING THE DOSE From the FDA prescribing information.[19]

DAYS	ONCE DAILY DOSE
1 to 30	1.5 mg (starting dose)
31 to 60	4 mg
61 to 90	9 mg
91 onward	25 mg (maintenance)

A missed tablet is skipped, and the next one taken the following day. If a step is not tolerated, the next increase can be delayed.[19] People can move between the 25 mg tablet and the 2.4 mg weekly injection following the label, so the choice is not permanent.[19] The semaglutide tablet raised levothyroxine (thyroid hormone) levels by 33 percent in a drug interaction study, so thyroid levels may need checking.[19]

§ 06

What to expect

The first weeks. The starting doses are chosen for comfort, so the first month is not a fair test of either tablet. Nausea, vomiting and diarrhea are most common while the dose is being raised and become less frequent over time.[18][19]

The following months. Weight comes off gradually over many months. In ATTAIN 1 and OASIS 4 the main results were measured at 72 and 64 weeks.[1] [2] The benefit depends on continuing treatment. After weekly semaglutide was stopped in the STEP 1 extension, two thirds of the lost weight returned within a year.[9] Orforglipron has a half life of about 29 to 49 hours, while semaglutide stays in the circulation for about 5 to 7 weeks after the last dose.[18] [19]

Protecting your muscle while you lose weight

Any large weight loss includes some lean tissue as well as fat. A 2026 meta analysis of 20 randomized trials found that lean mass made up 25 to 39 percent of the weight lost on incretin medicines (semaglutide, tirzepatide and liraglutide), similar to diet based programs, and about 17.5 percent when lifestyle programs added resistance training.[16] A joint advisory from four nutrition and obesity medicine societies recommends resistance training and an adequate, protein focused diet for everyone taking these medicines.[17]

§ 07

Safety

The side effects of both tablets are those of the GLP 1 medicines as a group. Most involve the stomach and bowel, are mild to moderate, and happen mainly while the dose is being increased.[18] [19] In the two Foundayo weight trials, 8 percent of people stopped because of side effects, compared with 3 percent on placebo; in the Wegovy tablet trial the figures were 6.9 and 5.9 percent.[18] [19]

MOST COMMON SIDE EFFECTS WITH FOUNDAYO Percent of adults in the two placebo controlled weight trials, from the FDA prescribing information.[18]

SIDE EFFECT	PLACEBO (N=1,576)	5.5 MG (N=1,051)	9 MG (N=1,055)	17.2 MG (N=1,049)
Nausea	10%	26%	34%	35%
Constipation	9%	20%	27%	24%
Diarrhea	11%	21%	23%	25%
Vomiting	4%	13%	21%	24%
Indigestion	4%	12%	16%	13%
Abdominal pain	7%	13%	14%	14%
Headache	7%	8%	9%	9%
Bloating	3%	7%	9%	8%
Fatigue	4%	6%	7%	9%
Belching	1%	6%	8%	8%
Reflux	2%	6%	6%	7%
Hair loss	2%	4%	4%	5%

For Wegovy tablets, the label reports that the types and frequency of common side effects were similar to those of the 2.4 mg injection, which are listed in our semaglutide guide (OCW WP 023). In the tablet trial, severe stomach side effects affected 2 percent on the tablet and none on placebo, and altered skin sensation (dysesthesia) affected 5 percent on the tablet and none on placebo.[19]

Less common but important

- **Thyroid C cell tumors** (**boxed warning on both labels**). Semaglutide caused thyroid C cell tumors in rats and mice, and whether this happens in people is unknown.[19] Orforglipron has no effect in rodents and did not cause tumors in them, but because it acts on the human GLP 1 receptor its label carries the same warning.[18] Neither may be used with a personal or family history of medullary thyroid carcinoma or with multiple endocrine neoplasia type 2 (MEN 2). Report a neck lump, trouble swallowing or persistent hoarseness.[18][19]
- **Pancreatitis.** Rare. Severe, persistent abdominal pain, sometimes spreading to the back, needs prompt attention.[18][19]
- **Gallbladder disease.** Gallstones were reported in 1 percent on Foundayo against 0.7 percent on placebo, and in 2.5 percent on Wegovy tablets against 1 percent on placebo.[18][19]
- **Kidney strain from dehydration.** Acute kidney injury has been reported, mostly in people who became dehydrated from vomiting or diarrhea, so drink enough fluid on those days and tell us if side effects stop you eating or drinking normally.[18][19]
- **Low blood sugar.** The risk rises mainly when either tablet is combined with insulin or a sulfonylurea, whose doses may need lowering.[18][19]
- **Heart rate and blood pressure.** Foundayo raised resting heart rate by an average of 4 to 5 beats per minute. Low blood pressure affected 2 percent on Foundayo against 0.5 percent on placebo, more often in people already taking blood pressure medicines.[18]
- **Eyes.** People with diabetic eye disease need monitoring, because rapid improvement in blood sugar can temporarily worsen it.[18][19] European regulators concluded in 2025 that NAION, a sudden loss of vision in one eye, is a very rare side effect of semaglutide, affecting up to 1 in 10,000 people.[21] Report any sudden change in vision without delay.
- **Procedures.** Because the stomach empties more slowly, tell any team giving you anesthesia or sedation that you take one of these tablets.[18][19]

TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You or a family member has had medullary thyroid carcinoma, or you have MEN 2.
- You have had pancreatitis, gallbladder disease, or a serious allergic reaction to any GLP 1 medicine.
- You have type 2 diabetes, particularly if you use insulin or a sulfonylurea, or have diabetic eye disease.
- You have kidney disease, severe liver disease, severe gastroparesis, or a history of an eating disorder. Foundayo is not recommended with severe liver impairment.[18]
- You are pregnant, planning a pregnancy or breastfeeding. Either tablet is stopped when pregnancy is recognized, semaglutide at least two months before a planned pregnancy, and breastfeeding is not recommended on either tablet.[18][19]
- You take a birth control pill, thyroid hormone, simvastatin, or medicines that affect the liver enzyme CYP3A4.[18][19]
- You have surgery, sedation or an endoscopy coming up. Please bring a full list of your medicines and supplements.

Semaglutide has been in use in the United States since 2017, while orforglipron was first approved in 2026 after weight trials of 72 weeks, so long term experience with it is still building.[19][20][18] This guide is scheduled for review as new evidence is published.

§ 08

Is this right for you

A daily tablet suits many adults whose weight is affecting their health, including people who would rather not inject. Your consultation is where we decide together which option fits you.

Before we begin

- [ ] A review of your medical history, family history, current medications and supplements
- [ ] Weight, waist measurement, blood pressure and heart rate, so we have a clear starting point
- [ ] Baseline bloodwork, so that anything we see later can be compared against where you began
- [ ] A written note of your goals, for weight, health and how you want to feel, so we can judge progress together

If your history or bloodwork points to a medical cause for weight gain, or a medicine that contributes to it, we will address that as part of your plan. Your morning routine matters too: if a 30 minute wait before coffee or other tablets would be hard to keep, that is worth raising when we choose between the two.[19]

Reviewing your progress

We will reassess against your documented starting point at defined intervals, so treatment is never left open ended. You are welcome to stop at any time, and we will plan together how to protect your progress.

> QUESTIONS TO ASK YOUR PHYSICIAN
>
> Which tablet would you choose for someone in my situation, and would an injection serve me better? Do any of my current medicines interact with it? How much protein should I eat, and how will we protect my muscle? What happens if I stop?

§ 09

Regulatory status

Foundayo (orforglipron) was approved by the FDA on 1 April 2026 as a new molecular entity.[20] It is approved, with a reduced calorie diet and increased physical activity, to reduce excess body weight and maintain weight reduction long term in adults with obesity, or with overweight and at least one weight related condition. It is not approved for blood sugar control in type 2 diabetes or for use in children, and using it with another GLP 1 medicine is not recommended. [18]

Wegovy tablets (semaglutide) were approved on 22 December 2025 in strengths of 1.5, 4, 9 and 25 mg, with 25 mg once daily as the maintenance dose.[20] [19] With diet and activity, they are approved for weight reduction and long term maintenance in adults with obesity, or with overweight and at least one weight related condition, and to lower the risk of heart attack, stroke and cardiovascular death in adults with established heart disease and obesity or overweight. [19] Rybelsus and Ozempic tablets are approved only for type 2 diabetes and cardiovascular risk reduction in type 2 diabetes; using them for weight alone would be off label, which a physician may do but which the FDA has not reviewed. [22] Both weight tablets are approved as drugs (new drug applications), not biologics, and both carry a boxed warning about thyroid C cell tumors. [20] [18] [19]

Compounded versions are different. Compounded medicines are not FDA approved, and the FDA does not review them for safety, effectiveness or quality before they are sold.[23] Pharmacies were permitted to make copies of semaglutide injection during the national shortage, which the FDA declared resolved on 21 February 2025, and those temporary allowances ended in the spring of 2025. [24] Neither medicine is among the peptides covered by the federal enforcement discretion policy for compounded peptides published on 30 October 2026, and orforglipron is not a peptide at all. [25] [6]

For athletes, no GLP 1 medicine is on the World Anti Doping Agency's 2026 Prohibited List. Semaglutide and tirzepatide are in WADA's 2026 Monitoring Program, which tracks use in sport without penalty; orforglipron is not named in either document.[26] Athletes who are tested should confirm current rules with their governing body.

If you would like details about the preparation used in your treatment, please ask.

§ 10

Common questions

Are these tablets approved by the FDA for weight loss?

Two tablets are FDA approved for weight management in adults: Foundayo (orforglipron) since 1 April 2026, and Wegovy tablets (semaglutide) since 22 December 2025, the second also for lowering cardiovascular risk.[20] [18] [19] Rybelsus and Ozempic tablets contain semaglutide too, but they are approved only for type 2 diabetes. [22]

Which tablet works better?

No trial has compared them head to head for weight. In separate trials, the 25 mg semaglutide tablet lowered weight by 13.6 percent at 64 weeks and the highest orforglipron dose by 11.2 percent at 72 weeks.[2] [1] Orforglipron is easier to fit into a day because food and water do not affect it, so the right choice depends on your health, your other medicines and your routine. [18]

Is it safe, and what side effects should I expect?

The most common side effects are nausea, constipation, diarrhea and vomiting, mostly mild to moderate and mainly while the dose is rising. With Foundayo, nausea affected 26 to 35 percent across the doses against 10 percent on placebo.[18] Both labels carry a boxed warning about thyroid C cell tumors, and neither tablet may be used with a personal or family history of medullary thyroid carcinoma or with MEN 2. [18] [19]

How soon would I notice anything, and how long is treatment?

The starting doses are chosen for comfort, so the first month is not a fair test, and the trials measured their main results after 64 to 72 weeks.[2] [1] The benefit lasts only while the medicine is taken, so either tablet is planned as long term treatment that we review with you at regular points. [9] [3]

Can I take it with other medicines or peptides?

Neither tablet should be combined with another GLP 1 medicine, and none of the trials in this guide tested them alongside other peptides.[18] [19] Orforglipron interacts with some medicines broken down by the liver enzyme CYP3A4 and with simvastatin, and it can make birth control pills less reliable for 30 days after starting and after each dose increase. [18] The semaglutide tablet can raise thyroid hormone levels in people taking levothyroxine. [19]

Who should not use it?

Neither tablet may be used by anyone with a personal or family history of medullary thyroid carcinoma, with MEN 2, or after a serious allergic reaction to the medicine.[18] [19] Both are stopped when a pregnancy is recognized, breastfeeding is not recommended on either, and Foundayo is not recommended with severe liver impairment. [18] [19] A history of pancreatitis, gallbladder disease, kidney disease or diabetic eye disease should be discussed before starting.

What happens if I stop?

Most people regain weight. After weekly semaglutide was stopped in the STEP 1 extension, two thirds of the lost weight returned within a year.[9] In ATTAIN MAINTAIN, people moved from an injection to placebo kept only 49.2 and 37.6 percent of their weight reduction at one year. [3] You are welcome to stop at any time, and we will plan together how to protect your progress.

Will it affect drug testing in sport?

No GLP 1 medicine is on the World Anti Doping Agency's 2026 Prohibited List. Semaglutide is in WADA's 2026 Monitoring Program, which tracks use without penalty, and orforglipron is not named.[26]

Why is a compounded version of these tablets a different medicine?

A pharmacy prepares a compounded medicine for one patient on that patient's own prescription, which is a different activity from manufacturing an approved product to a label the FDA has examined. A preparation dispensed by a state licensed pharmacy or a registered outsourcing facility carries a named prescriber, oversight from a state board of pharmacy or from the FDA, ingredients that meet federal requirements, and a route for reporting a problem.[27] A tablet or vial bought online and labelled for research use only carries none of that, and the FDA treats those products as unapproved new drugs when they are intended for people. [28] Please do not use one.

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PATIENT SIGNATURE	DATE	REVIEWING PHYSICIAN

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