

Peptide Protocol Template

This template is designed to help practitioners document and track peptide therapy protocols for their patients.

Patient Information

Name: _____ DOB: _____

Medical Record #: _____ Date: _____

Prescribing Physician: _____

Peptide Selection

Primary Peptide: _____

Secondary Peptide(s): _____

Indication: _____

Dosing Protocol

Vial Concentration: _____ mg/vial

Reconstitution Volume: _____ mL bacteriostatic water

Final Concentration: _____ mcg/0.1mL

Prescribed Dose: _____ mcg

Injection Volume: _____ mL

Frequency: _____

Duration: _____ weeks

Administration

Route: ☐ Subcutaneous ☐ Intramuscular ☐ Other: _____

Injection Site(s): _____

Time of Day: ☐ Morning ☐ Evening ☐ Before Bed

Monitoring Schedule

Baseline Labs: _____

Follow-up Labs (Week 4): _____

Follow-up Labs (Week 8): _____

Follow-up Appointment: _____

Notes
