

SEVEN DAYS · SEVEN WORKSHEETS · ONE LIVE PROGRAM

The Prescriber's *7-Day* Peptide Program Launch Plan

A self-directed, fillable plan you and your team complete on your own, one worksheet a day. Open a peptide program the careful way: focused lanes, a right-sized first order, a team that knows what to say, and a first cohort of patients you already know.

01

Clinic Profile

02

Workflow Map

03

Protocol Lanes

04

First Order

05

Team Toolkit

06

Briefing and Activation

07

Launch

INSIDE

- Seven fillable worksheets
- A sourcing verification checklist
- Included with free Access: the Launch Mapper AI skill
- Starter scripts and objection handlers
- A your-numbers revenue worksheet

CLINIC NAME

Your clinic

PROGRAM OWNER

Name or role

LAUNCH WEEK OF

e.g. November 2

Self-directed planning tool. Education only, not CME or CE credit, and not individualized medical, legal or financial advice. Prescribing providers retain every clinical decision. Clinical Edge does not sell or supply peptides.

Patients keep asking about peptides. *You're not going to wing it.*

We've watched a lot of good clinicians try to launch peptide programs. The ones that struggle almost always start the same way: with a product list. A supplier email, a few compounds that sounded promising, a bulk order, and then three months of untangling it. The team isn't sure what to say, patients aren't sure what they're buying, and the shelf is full of inventory nobody planned for.

The clinics that do well start somewhere else. They start with their own patients and their own workflow. They pick

a few focused lanes, order for the first ten people instead of the first hundred, give the front desk real words, and invite patients they already know. This plan is that sequence, one worksheet a day, built for you and your team to run yourselves. No consultant required: you, your office manager and a few focused hours across one week.

— *The Clinical Edge Partners team*

• THE SEVEN DAYS

DAY	FOCUS	YOU LEAVE WITH	TIME
01	Clinic Profile	Your clinic intake	20–30 min
02	Workflow Map	Where the program lives	30–45 min
03	Protocol Lanes	Your first menu	30–40 min
04	First Order	Your first-order plan	30–45 min
05	Team Toolkit	Cards, scripts, cadence	45–60 min
06	Briefing and Activation	Your cohort list	45–60 min
07	Launch	Your active program	20–30 min

• HOW TO USE THIS PLAN

- **One worksheet a day.** Fill it in on screen (it saves as you type, on this device) or print it and write by hand.
- **Be honest about today.** Describe the clinic you run now, not the one on your website.
- **Map it with AI.** Join free Access and get the Launch Mapper skill for Claude or ChatGPT. Paste in your answers and it drafts your custom launch plan.

GROUND RULES

- Your prescriber makes every clinical call: candidacy, protocol, labs, consent.
- No dosing appears anywhere in this guide. That lives in the prescriber-only library.
- No patient names or health details on these pages. Use your EMR's internal ID.
- Built for NPI-attested prescribers.

DAY

01

The launch starts with your clinic, *not a product list.*

DELIVERABLE TIME NEEDED
Your clinic intake 20–30 min

A program built around random compounds rarely lands. Day 01 is a structured intake of the clinic itself, so every decision over the next six days is keyed to your practice and the patients you already serve.

BEFORE YOU START

Set aside 20 to 30 minutes somewhere quiet. There are no wrong answers. Have your patient volume, monthly schedule and current service menu nearby. Estimates are fine; accuracy beats ambition.

01 · CLINIC TYPE AND SERVICE MIX

What best describes your practice? Check all that apply.

- | | | | |
|---|----|--|----|
| ☐ Functional or integrative medicine | 01 | ☐ Hormone optimization, men's or women's health | 02 |
| ☐ Longevity and healthy aging | 03 | ☐ Aesthetic medicine or medical spa | 04 |
| ☐ Sports medicine or performance | 05 | ☐ Primary care with cash-pay services | 06 |
| ☐ Naturopathic or chiropractic | 07 | ☐ Weight management or metabolic | 08 |

ADDITIONAL CLINIC TYPE OR SPECIALTIES

e.g. IV therapy, regenerative medicine, telehealth...

02 · PATIENT VOLUME

APPROXIMATE ACTIVE PATIENTS

Select ▼

NEW PATIENTS PER MONTH

e.g. 15–20

03 · CASH-PAY RATIO

SHARE OF REVENUE THAT IS CASH-PAY

Select ▼

NOTES ON YOUR PAYMENT MIX

e.g. Insurance for primary visits, cash for hormone programs

04 · TARGET PATIENT CATEGORIES

Which patient groups are you most likely to start with? Check your top three.

- | | | | |
|---|----|--|----|
| ☐ Weight management and metabolic health | 01 | ☐ Recovery, performance and active patients | 02 |
| ☐ Healthy aging and longevity | 03 | ☐ Sleep and stress resilience | 04 |
| ☐ Sexual wellness and vitality | 05 | ☐ Injury recovery and tissue support | 06 |

05 · PEPTIDE EXPERIENCE TODAY

Check one.

- ☐ Beginner: strong interest, nothing offered yet
- ☐ Discussed internally, not launched
- ☐ Offered one or two protocols informally
- ☐ Offering now, want a structured program

WHAT HAS HELD YOU BACK SO FAR?

e.g. Unsure where to source, staff not confident, unsure where to start

06 · TEAM AND TIMELINE

LICENSED PRESCRIBERS (WITH NPI)

e.g. 1 ND, 1 NP

SUPPORT STAFF IN PATIENT CARE

e.g. 2 MAs, 1 front desk, 1 care coordinator

PROGRAM OWNER

e.g. Dr. [Name] or practice manager

TARGET GO-LIVE WINDOW

Select ▼

07 · YOUR FIRST LAUNCH GOAL

In your own words, what does a successful launch look like?

AT THE END OF WEEK ONE

e.g. Team confident answering questions, first order received, first consults on the calendar

AT 30 DAYS

e.g. First cohort started, reorder decision made from real data

YOU ARE DONE WITH DAY 01 WHEN

- Your clinic type and service mix are documented.
- Volume and cash-pay ratio are filled in, even as estimates.
- Your top three patient categories are chosen.
- Team roles and a program owner are named.
- Your launch goal is written in your own words.

HOW CLINICAL EDGE PARTNERS HELPS

The Launch Mapper AI skill turns your answers into a custom launch plan, inside your own Claude or ChatGPT.

ACCESS, FREE

Free Access: sample provider lessons and a sample protocol resource, so you can see how the library thinks.

ACCESS

The full reference library: 70+ compounds across seven categories, matched to the patients you just listed.

SIGNATURE+

Considering a clinic-branded patient app? That's worth a short call; see the last page.

PREMIER

Twenty minutes here saves weeks of drift. We'd rather you write down the clinic you actually run on a Tuesday than the one in your pitch deck. The plan only works when it's built around the real thing.

THE CLINICAL EDGE PARTNERS CLINICAL TEAM

DAY 02

Map the launch around *how your clinic actually runs.*

DELIVERABLE

Where the program lives

TIME NEEDED

30–45 min

Day 02 is the bridge between your profile and your protocol choices. Walk your practice as it really runs, so the program fits your workflow on Day 07 instead of fighting it.

BEFORE YOU START

Picture a typical patient day. Where do patients enter, who do they talk to, where do cash-pay conversations already happen, and where is the friction? You are describing the real clinic. That honesty is what makes the map useful.

01 · SERVICES PATIENTS ALREADY PAY CASH FOR

- ☐ Hormone optimization or replacement
- ☐ Weight management programs
- ☐ IV or nutrient therapy
- ☐ Aesthetic treatments
- ☐ Functional lab testing
- ☐ Regenerative or performance medicine
- ☐ Longevity or executive health

WHICH SERVICES DO PATIENTS MOST OFTEN ASK TO ADD TO?

e.g. Hormone patients ask about recovery and sleep

02 · DEMAND YOU ARE NOT CAPTURING YET

- ☐ Patients ask about peptides unprompted
- ☐ Patients arrive from a provider who offered peptides
- ☐ Patients want weight support beyond current options
- ☐ Patients ask about recovery after injury or training
- ☐ Patients ask about sleep, stress or focus
- ☐ Patients research longevity options online

THE MOST COMMON UNMET REQUEST YOU HEAR

e.g. Something beyond standard aftercare after procedures

03 · VISIT FLOW

NEW PATIENT VISIT LENGTH

Select

FOLLOW-UP VISIT LENGTH

Select

04 · INTRODUCING SERVICES

HOW PATIENTS USUALLY HEAR ABOUT NEW SERVICES

Select

TEAM COMFORT INTRODUCING A NEW PROGRAM

Select

05 · STORAGE AND HANDLING

DO YOU STORE INJECTABLES TODAY?

Select

CONSTRAINTS TO NOTE

e.g. Small dispensary, shared fridge

06 · WHERE YOUR TEAM NEEDS THE MOST SUPPORT BEFORE DAY 07

- | | | | |
|---|----|--|----|
| ☐ What peptide protocols are and how they work | 01 | ☐ Talking with patients confidently | 02 |
| ☐ Handling questions and objections | 03 | ☐ Intake, ordering and follow-up workflow | 04 |
| ☐ Storage, handling and dispensing | 05 | ☐ Documentation and charting | 06 |

07 · YOUR FRICTION MAP

Where could a peptide conversation happen naturally, and where would it meet resistance?

TOUCHPOINT	NATURAL OPPORTUNITY	POTENTIAL FRICTION
<i>e.g. New patient intake</i>	<i>e.g. Health goals question</i>	<i>e.g. Visit too short</i>
<i>e.g. Prescriber consult</i>	<i>e.g. Care plan review</i>	<i>e.g. Prescriber not briefed</i>
<i>e.g. Checkout</i>	<i>e.g. Next-visit planning</i>	<i>e.g. No script yet</i>
<i>e.g. Follow-up call</i>	<i>e.g. Progress check-in</i>	<i>e.g. No follow-up system</i>

08 · LAUNCH CONSTRAINTS

- | | | | |
|---|----|--|----|
| ☐ Prescriber availability is limited in the next two weeks | 01 | ☐ Staff turnover or training during the launch window | 02 |
| ☐ EMR or intake forms need updating | 03 | ☐ Busy season or high-volume period | 04 |
| ☐ Budget limits on the first order | 05 | ☐ Compliance or legal review needed first | 06 |

GIVEN ALL THIS, WHERE WILL THE PROGRAM LIVE IN YOUR EXISTING RHYTHM?

e.g. Inside the quarterly hormone review. The MA flags candidates before the prescriber enters the room.

YOU ARE DONE WITH DAY 02 WHEN

- Cash-pay services and uncaptured demand are identified.
- Visit flow and team comfort are mapped, even roughly.
- Training gaps are named, not assumed.
- At least three friction-map touchpoints are filled in.
- You know where the program will live in your clinic's rhythm.



HOW CLINICAL EDGE PARTNERS HELPS

Staff lessons in plain language: what peptides are and what to say when patients ask.

SIGNATURE+

Monthly live trainings and a prescriber community for workflow questions.

SIGNATURE+

The AI librarian answers your team's questions from the library in moments. No patient details go in.

SIGNATURE+

Launch Mapper turns your friction map into a team-by-team action list for launch week.

ACCESS, FREE

DAY

03

Start focused. *Expand with confidence.*

DELIVERABLE TIME NEEDED
Your first menu 30–40 min

You do not need every category on day one. Pick three or four lanes based on the patients you already serve and the services you already run. These are clinical focus areas, not treatment claims.

BEFORE YOU START

Have Day 01 and Day 02 in front of you. Resist the urge to check everything. A focused first menu produces a focused first launch, and the catalog will still be there in month two.

01 · SELECT YOUR FIRST LANES

Check three or four.

LANE 01

☐

Weight and metabolic support

Healthy weight, metabolic function, appetite regulation and body composition goals.

BEST FIT

Weight management, hormone and metabolic patients. High demand and strong cash-pay fit.

IN THE LIBRARY

Metabolic and GLP category, including a GLP-1 metabolic resource (evidence: controlled human trials).

PATIENTS IN YOUR PRACTICE WHO FIT

e.g. Roughly 20

LANE 02

☐

Recovery and performance

Recovery between training sessions, physical resilience, and performance goals.

BEST FIT

Active patients, athletes, post-procedure recovery. Strong referral potential.

IN THE LIBRARY

Repair and growth hormone axis categories, such as tesamorelin and ipamorelin resources.

PATIENTS IN YOUR PRACTICE WHO FIT

e.g. Roughly 20

LANE 03

☐

Healthy aging and longevity

Cellular health, energy and the markers patients associate with aging well.

BEST FIT

Patients 40+ interested in longevity or executive health programs.

IN THE LIBRARY

Longevity category, such as the SS-31 mitochondrial stack (evidence: uncontrolled human data).

PATIENTS IN YOUR PRACTICE WHO FIT

e.g. Roughly 20

9

Sleep quality, stress response and recovery from fatigue or burnout.

Patients already discussing cortisol, sleep or burnout. Overlaps hormone and functional patients.

Cognitive category. Check current coverage in the library.

e.g. Roughly 20

Libido, sexual function and vitality for men and women.

Existing hormone and men's or women's health patients. Often undiscussed in standard care.

Check current coverage in the library.

e.g. Roughly 20

9

Connective tissue, joint health and recovery from musculoskeletal injury.

Post-procedure, joint and regenerative medicine patients.

Repair category, such as the BPC-157 resource (evidence: animal data only) and the GHK-Cu stack.

e.g. Roughly 20

One sentence each. This guides your first order on Day 04.

LANE	WHY IT FITS YOUR PRACTICE NOW		PATIENTS IT SERVES
Lane ▼	Why this lane fits now...		Which patients...
Lane ▼	Why this lane fits now...		Which patients...
Lane ▼	Why this lane fits now...		Which patients...
Lane ▼	Why this lane fits now...		Which patients...

LANES HELD FOR EXPANSION

e.g. Sexual wellness, once the team is comfortable with the fi

THE SIGNAL THAT SAYS IT'S TIME

e.g. When most of the first cohort has completed the first review

PRIORITY LANE FOR THE FIRST ORDER

Select your priority lane

WHY THIS LANE FIRST

e.g. Eight patients already asking, natural bridge from hormone

HOW MANY PATIENTS ARE READY NOW

e.g. 8 to 10 we could contact this week

YOU ARE DONE WITH DAY 03 WHEN

- Three or four lanes are selected, not six.
- Each lane has a one-sentence rationale in your words.
- Your priority lane is named and justified.
- Expansion lanes and the signal to add them are written down.



HOW CLINICAL EDGE PARTNERS HELPS

Every library resource has six parts: indications, contraindications, labs, monitoring, a patient handout and consent.

SIGNATURE+

Each resource shows its evidence tier, author, reviewer and revision date. Full protocols open only to NPI-attested prescribers.

SIGNATURE+

Protocol Review Board: a second set of clinical eyes on your lane plan, available a la carte at every level.

ALL TIERS

Launch Mapper drafts a starting-menu brief from your lane picks, for your clinical lead to review and decide.

ACCESS. FREE

DAY

04

Size the first order for the first launch, *not the whole future.*

DELIVERABLE

Your first-order plan

TIME NEEDED

30–45 min

The most common launch failure is the speculative bulk order. Day 04 teaches you to size your clinic's first order to the first ten patients, with verification and reorder logic decided before you place it with your own pharmacy or supplier.

BEFORE YOU START

Have your Day 03 lanes in front of you. Plan your priority lane first. Your clinic places this order through its own pharmacy or supplier. Clinical Edge only teaches how to size and plan it. Clinical Edge does not sell or supply peptides, place orders, or take part in any purchase.

01 · READINESS BEFORE YOU ORDER

Check each item when it is in place.

- | | | | |
|--|----|---|----|
| ☐ Storage and refrigeration confirmed | 01 | ☐ Lanes selected and documented on Day 03 | 02 |
| ☐ Prescriber has reviewed the library resources for each lane | 03 | ☐ Three to five patients identified for the first cohort | 04 |
| ☐ Your pharmacy or supplier chosen and verified (below) | 05 | ☐ Budget for the starter order approved | 06 |

02 · VERIFY THE SOURCE, EVERY LOT

A supplier choice should never be a gut call.

- | | |
|--|----|
| ☐ Manufacturing facility is FDA-registered and GMP-certified, with documentation | 01 |
| ☐ A certificate of analysis is matched to each lot: purity, endotoxins, independent lab | 02 |
| ☐ The COA traces to the vial you receive | 03 |
| ☐ Format confirmed (lyophilized or reconstituted) and storage requirements understood | 04 |
| ☐ Lead times, cold-chain shipping and terms confirmed in writing | 05 |
| ☐ Sourcing pathway reviewed by your pharmacy, compliance or legal advisor | 06 |

● 03 · YOUR FIRST-ORDER PLANNING TABLE

Sized to the first cohort. Your numbers, from your own pharmacy's or supplier's quote.

LANE	QTY FOR FIRST COHORT	EST. COST PER UNIT	YOUR PHARMACY OR SUPPLIER	NOTES
Priority lane	e.g. 10 units	\$ your cost	Pharmacy or supplier	e.g. lead time
Second lane	e.g. 10 units	\$ your cost	Pharmacy or supplier	e.g. lead time
Third lane	e.g. 10 units	\$ your cost	Pharmacy or supplier	e.g. lead time
Fourth lane (optional)	e.g. 10 units	\$ your cost	Pharmacy or supplier	e.g. lead time

ESTIMATED STARTER ORDER TOTAL

Your total from the table above

TARGET ORDER DATE

e.g. End of today

● 04 · NO SPECULATIVE BULK

- ☐ Sized to the first ten patients, not projected volume
- ☐ No lane ordered without identified patients
- ☐ No bulk discount chased on unproven demand
- ☐ Reorder trigger defined before this order ships

● 05 · YOUR REORDER RHYTHM

REORDER TRIGGER

e.g. When most of the first cohort confirms month two

REORDER SIZE

e.g. Confirmed patients plus a small buffer per lane

REVIEW WINDOW

e.g. Week six, prescriber and care coordinator

THE ORDERING PRINCIPLE

Cash flow follows adherence, not inventory. The first order proves the lane is real. The second is built on data. The third on a pattern.

● 06 · ON RECEIPT DAY

- | | | | |
|--|----|---|----|
| ☐ Items counted against your clinic's order | 01 | ☐ Cold chain intact, no temperature excursions | 02 |
| ☐ Lot numbers and expiration dates logged, COAs filed | 03 | ☐ Stored per the resource's storage requirements | 04 |
| ☐ Prescriber told stock is ready | 05 | ☐ Reorder date or threshold calendared | 06 |

YOU ARE DONE WITH DAY 04 WHEN

- The readiness and sourcing checks are complete.
- Your first-order plan is sized to the first cohort, ready to place with your own pharmacy or supplier.
- Your reorder trigger is written and calendared before the order ships.
- You have committed to no speculative bulk.

HOW CLINICAL EDGE PARTNERS HELPS

The sourcing standard: the 15 tests to demand on every lot, plus COA training for your team.

SIGNATURE+

Launch Mapper checks your first-order sizing against your cohort and drafts your reorder rhythm. Your numbers, your call, your order.

ACCESS, FREE

DAY

05

Give your team the words, *the workflow and the next step.*

DELIVERABLE

Cards, scripts and cadence

TIME NEEDED

45–60 min

A clinic needs more than a list of peptides. It needs language the team can use on a Tuesday afternoon with a patient who is curious but unsure. Day 05 builds that toolkit.

BEFORE YOU START

This is the longest worksheet and the one that pays off most on Day 07. Read every starter script out loud before you customize it. If it sounds like a brochure, rewrite it until it sounds like you.

01 · PROTOCOL CARDS

The one-page reference your team uses for each lane.

PROTOCOL CARD · LANE 01		ONE PER SELECTED LANE	
CATEGORY NAME			
<i>e.g. Weight and metabolic support</i>			
WHO IT IS FOR			
<i>e.g. Adults working on metabolic health</i>			
WHAT IT SUPPORTS, IN PLAIN LANGUAGE			
<i>Adapt from the library handout. No outcome promises.</i>			
WHAT THE HANDOUT SAYS PATIENTS MAY NOTICE			
<i>Quote your approved handout, not a brochure.</i>			
HOW IT IS GIVEN (GENERAL)	PROGRAM LENGTH AND REVIEW POINT		
<i>Per prescriber; see library</i>	<i>e.g. 3 months, reviewed at</i>		
YOUR MONTHLY PRICE TO PATIENTS	WHY YOUR CLINIC'S VERSION		
<i>\$ your price</i>	<i>e.g. Prescriber-supervised</i>		

PROTOCOL CARD · LANE 02		ONE PER SELECTED LANE	
CATEGORY NAME			
<i>e.g. Recovery and performance</i>			
WHO IT IS FOR			
<i>e.g. Active patients, post-procedure</i>			
WHAT IT SUPPORTS, IN PLAIN LANGUAGE			
<i>Adapt from the library handout. No outcome promises.</i>			
WHAT THE HANDOUT SAYS PATIENTS MAY NOTICE			
<i>Quote your approved handout, not a brochure.</i>			
HOW IT IS GIVEN (GENERAL)	PROGRAM LENGTH AND REVIEW POINT		
<i>Per prescriber; see library</i>	<i>e.g. 3 months, reviewed at</i>		
YOUR MONTHLY PRICE TO PATIENTS	WHY YOUR CLINIC'S VERSION		
<i>\$ your price</i>	<i>e.g. Prescriber-supervised</i>		

02 · FOLLOW-UP CADENCE

Consistency here is what turns a first order into a second.

TOUCHPOINT	ACTION AND PURPOSE	WHO OWNS IT
Day 1	Welcome message. Confirm pickup, storage and handout reviewed.	<i>e.g. MA or care coordinator</i>
Week 1	Check-in. Any questions or early concerns?	<i>e.g. MA or care coordinator</i>
Week 2	Short follow-up. How is it going? Note in chart.	<i>e.g. MA or care coordinator</i>
Week 4	Mid-program check-in. Reorder conversation if appropriate.	<i>e.g. MA or care coordinator</i>
Week 6	Review visit. Progress, prescriber decision on next steps.	<i>e.g. MA or care coordinator</i>
<i>Custom</i>	<i>Your clinic-specific touchpoint</i>	<i>Owner</i>

03 · INTAKE QUESTIONS FOR PATIENT FIT

Conversation starters, not a screening tool. The prescriber makes the fit call.

QUESTION	LANE
Have you looked into peptide therapy, or heard other patients ask about it?	All lanes
Is weight harder to manage lately, even when you're doing the right things?	Weight and metabolic
How is your recovery after workouts or physical activity?	Recovery
How would you describe your energy and sleep over the last three months?	Sleep and stress
Does anything feel slower to heal than it used to?	Tissue support
Add your own intake question...	Lane
Add your own intake question...	Lane

04 · CONSULT TALKING POINTS

The first thirty seconds of a peptide conversation.

SCRIPT 01 · INTRODUCING THE CATEGORY

FRONT DESK OR MA

"We've started offering peptide programs here. They're prescriber-supervised and built around goals like weight, recovery, energy and healthy aging. A lot of patients have asked, so I wanted you to know. Would a quick conversation with [prescriber] today be helpful?"

YOUR CLINIC'S VERSION

Under 60 words, in your voice. Read it out loud.

SCRIPT 02 · PRESCRIBER INTRODUCTION

PRESCRIBER

"Based on what you've shared, one of our peptide programs may be worth a conversation. I'd review your history and labs first. If it's a fit, we'd go through the evidence, what to expect and the consent together, including where the evidence is limited. Do you have a few minutes?"

YOUR CLINIC'S VERSION

Conversational, not clinical. Peer to patient, not a pitch.

SCRIPT 03 · THE CLEAR NEXT STEP

MA OR PRESCRIBER

"The easiest next step is a short intake form, about five minutes. Once we have it, [prescriber] reviews whether it's a fit and we'll show you exactly what the program involves and costs. No commitment. Want me to send it today?"

YOUR CLINIC'S VERSION

One clear, low-commitment action.

● 05 · PATIENT OBJECTION HANDLERS

Practice these with your team before Day 07.

OBJECTION 01 · COST

"Is this covered by insurance? It sounds expensive."

"It's cash-pay. I can show you exactly what it costs before you decide, and we'll only suggest it if it fits your goals."

YOUR TEAM'S RESPONSE

Write it the way your team actually talks.

OBJECTION 02 · SAFETY

"Is this safe? I've seen things online."

"Fair question, and it's why we do this here with a prescriber involved: a contraindication screen, your labs, a verified certificate for every lot, and a consent that explains the evidence honestly."

YOUR TEAM'S RESPONSE

Write it the way your team actually talks.

OBJECTION 03 · TIMING

"I need to think about it."

"Of course. If you'd like, fill out the five-minute intake so it's on file. It doesn't commit you to anything."

YOUR TEAM'S RESPONSE

Write it the way your team actually talks.

OBJECTION 04 · YOUR OWN

"The objection your patients raise most..."

Write it in, then practice the response out loud.

YOUR TEAM'S RESPONSE

Write it the way your team actually talks.

● 06 · PATIENT EDUCATION LANGUAGE

ONE PLAIN-LANGUAGE PARAGRAPH YOUR WHOLE TEAM USES

e.g. Peptide programs here are prescriber-supervised and built on reviewed resources...

ONE SENTENCE FOR THE FRONT DESK

e.g. They're prescriber-supervised programs our clinicians can

● 07 · REORDER CONVERSATION

- ☐ Week 4 check-in
- ☐ Two weeks of supply remaining
- ☐ Week 6 review visit
- ☐ Proactive outreach at a set interval

REORDER CONVERSATION STARTER

e.g. You're on track. Let's make sure you don't run out before your next visit.

YOU ARE DONE WITH DAY 05 WHEN

- A protocol card is filled in for every lane.
- All three scripts are rewritten in your voice and read out loud.
- Objection responses are practiced.
- Every follow-up touchpoint has a named owner.

HOW CLINICAL EDGE PARTNERS HELPS

Patient handouts and consent templates for every library resource, in print and in the app.

SIGNATURE+

Handouts, consent and office materials white-labeled under your clinic's name.

SIGNATURE+

The AI librarian answers team questions from the library, so no one improvises.

SIGNATURE+

Premier: Ink, one of five AI agents, drafts the follow-up emails your team approves.

PREMIER

DAY

06

Prepare the team. *Invite the right patients.*

DELIVERABLE
Your cohort list

TIME NEEDED
45–60 min

A program lands when the team can answer the second question and the first patients are the ones most likely to benefit.

BEFORE YOU START

Hold a team briefing today, even fifteen minutes. Then pick your first cohort from patients you already know. No broadcasts, no social-first launch.

01 · FULL STAFF BRIEFING

Everyone who interacts with patients is on this list.

TEAM MEMBER	ROLE IN THE PROGRAM	SCRIPTS	BRIEFED
e.g. Dr. Lee	e.g. Prescriber: consults, protocols	☐	☐
e.g. Sarah M.	e.g. MA: intake questions, follow-up	☐	☐
e.g. James T.	e.g. Front desk: introduction script	☐	☐
Team member	Their role	☐	☐

BRIEFING DATE AND FORMAT

WHO NEEDS CATCH-UP BEFORE DAY 07

02 · TALKING POINTS DISTRIBUTED

- ☐ Category introduction script
- ☐ Prescriber consult script
- ☐ Next-step script
- ☐ Objection responses practiced
- ☐ Protocol cards to prescribers
- ☐ Follow-up owners and education language confirmed

03 · BOOKING AND FOLLOW-UP ARE LIVE

- ☐ Consult type added to booking
- ☐ Front desk phone script in place
- ☐ Day 1 welcome template ready
- ☐ Week 1 check-ins and week 6 review slots open

QUESTIONS FROM THE BRIEFING TO RESOLVE

04 · LAUNCH MESSAGES

Warm, personal, one per channel.

SCRIPT A · DIRECT OUTREACH

SECURE MESSAGE

"Hi [Name], I'm reaching out personally. We've just opened a prescriber-supervised peptide program built around [goal], and based on our work together I think it's worth a conversation. Could we talk at your next visit, or would a call this week be easier?"

YOUR CLINIC'S VERSION

SCRIPT B · IN-VISIT INTRODUCTION

MA OR PRESCRIBER

"Before you go, we've just started a new program I think could fit your goals around [goal]. You're one of the first patients I wanted to mention it to. Do you have two minutes?"

YOUR CLINIC'S VERSION

05 · YOUR FIRST COHORT

Ten existing patients with a clear clinical-fit reason to invite. No cold outreach.

Privacy: use your EMR's internal ID, never names or health details. On screen, these cohort fields are not saved on this device.

#	INTERNAL ID	LANE	CONTACT METHOD	DONE
PT 01	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 02	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 03	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 04	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 05	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 06	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 07	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 08	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 09	EMR internal ID only	Lane	e.g. Call, portal	☐
PT 10	EMR internal ID only	Lane	e.g. Call, portal	☐

06 · FIRST-WEEK CONSULT CALENDAR

At least one consult on the calendar before you close today.

DAY 07 Internal ID Time Lane	DAY 08 Internal ID Time Lane	DAY 09 Internal ID Time Lane	DAY 10 Internal ID Time Lane	DAY 11 Internal ID Time Lane
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YOU ARE DONE WITH DAY 06 WHEN

- Everyone who touches patients is briefed and checked off.
- Ten cohort patients are listed by internal ID and matched to a lane.
- Outreach messages are written and ready, not in draft.
- At least one consult is booked.



HOW CLINICAL EDGE PARTNERS HELPS

Your clinic's own branded patient app: patients reorder what your clinician prescribed, book in-clinic treatments and pay your clinic. Every order waits for clinician approval and is filled by your clinic's own pharmacy or supplier.

PREMIER

Five AI agents draft launch flyers, emails, short video, ads and search pages. A named person on your team approves every draft.

PREMIER

White-labeled office marketing and patient materials for launch week.

SIGNATURE+

The prescriber community for launch-week questions, plus monthly live trainings.

SIGNATURE+

DAY

07

Day 07: *your clinic goes live.*

DELIVERABLE

Your active program

TIME NEEDED

20–30 min

You have a focused menu, a verified starter order, briefed staff, a follow-up rhythm and a named cohort on the schedule. The launch is real, controlled and repeatable.

BEFORE YOU START

Today is not a planning day. Run the live checks, see the first patient, and close the day knowing the program is real. It doesn't need to be big. It needs to be real.

01 · LIVE CHECKS

Every box checked before the first patient arrives.

- | | |
|---|----|
| ☐ Protocol menu is posted. Team has the cards; prescriber knows which lanes are open. | 01 |
| ☐ Consults are on the calendar. At least one this week, with an internal ID in the slot. | 02 |
| ☐ Order received and verified. Lots logged, COAs filed, cold chain intact. | 03 |
| ☐ Scripts deployed and rehearsed. No one improvises the first introduction. | 04 |
| ☐ First patient consulted. Screened, consented and ordered per your prescriber. | 05 |
| ☐ Follow-up cadence active. Welcome sent, week 1 check-in scheduled, owner confirmed. | 06 |
| ☐ Review window scheduled. Week 6 review on the calendar; expansion deferred until data. | 07 |

02 · FIRST PATIENT RECORD

Baseline for your week 6 review. No names or health details here.

PATIENT INTERNAL ID

e.g. PT 01

LANE

Select ▼

CONSULT DATE AND PRESCRIBER

e.g. Nov 9, Dr. [Name]

ORDER PLACED OR CONFIRMED

Select ▼

FIRST FOLLOW-UP DATE

e.g. Nov 16

PROGRAM GOAL (CATEGORY)

e.g. Metabolic support

THE STANDARD

The launch does not need to be massive. *It needs to be real.*

03 · EXPAND BY SIGNAL, NOT BY GUESS

Define these now so you aren't guessing at week six.

SIGNAL TO ADD A LANE

e.g. Most of the cohort continues and the team is fluent

SIGNAL TO GROW THE COHORT

e.g. Follow-up cadence is running without misses

SIGNAL TO REVISIT A LANE

e.g. Drop-off before week 4; review consult language and fit

04 · WEEK 6 REVIEW

The meeting that decides month two.

METRIC	WHAT YOU'RE MEASURING	TARGET OR BENCHMARK
Adherence	First-cohort patients still on program	Your target
Consults	Consults completed vs. patients invited	Your target
Revenue	Net collections from active patients (your numbers)	Your target
Referrals	New patients referred by the first cohort	Your target
Team	Staff confidence and script consistency	Huddle debrief

WEEK 6 REVIEW DATE

e.g. Dec 21, 8:00 am

WHO LEADS THE REVIEW

e.g. Practice owner and lead prescriber

05 · END-OF-DAY REFLECTION

Three sentences. The record of the day your program launched.

WHAT HAPPENED TODAY

WHAT WORKED

WHAT TO IMPROVE NEXT

YOUR PROGRAM IS LIVE WHEN

- All seven live checks are complete.
- At least one patient has been consulted with a follow-up started.
- Week 6 review is on the calendar with an owner.
- Expansion signals are written down.



HOW CLINICAL EDGE PARTNERS HELPS

Launch Mapper builds your week 6 review agenda from your Day 07 answers.

ACCESS, FREE

With a Premier clinic app, patients reorder from your clinic in two taps, and every order waits for your clinician's approval.

PREMIER

Library resources keep updating, with dated revisions your prescriber reviews before they reach you.

SIGNATURE+

Protocol Review Board, a la carte, when you want to adjust a lane after week 6.

ALL TIERS

You did the work most clinics never do. You built from your own patients, sized a sensible first order, gave your team real words and showed up on Day 07 ready to run a program, not just talk about one. Now go run it, and keep the clinical decisions where they belong: with you.

THE CLINICAL EDGE PARTNERS CLINICAL TEAM

Run *your numbers.*

Worksheet math only. Every figure comes from you. It is not a projection, promise or financial advice, and it leaves out costs you know better than we do.

A. PATIENTS ON A PEPTIDE PROGRAM

B. YOUR MONTHLY PROGRAM FEE

C. YOUR PRODUCT COST PER PATIENT PER MONTH

D. CASH TREATMENTS PER MONTH

E. YOUR AVERAGE TREATMENT PRICE

F. YOUR MONTHLY MEMBERSHIP COST

Program revenue $A \times B$

Less product cost $A \times C$

Treatment revenue $D \times E$

Less membership F

**Monthly contribution, before
staff time, refunds and taxes**

Prints blank if left empty, so you can do the math by hand.

+ · TRACK PATIENT GROWTH AFTER LAUNCH

MEASURE	CALCULATION	YOUR NUMBER
Active patients at start	Your count	
New and reactivated	Your count	
Patients who left	Your count	
Active patients at end	Start + new – left	
Revenue per active patient	Net collections ÷ average active patients	

WHAT YOU BUILT THIS WEEK

1. Clinic profile
2. Workflow map
3. First menu (3–4 lanes)
4. First-order plan and reorder rhythm
5. Protocol cards, scripts and cadence
6. Briefed team and named cohort
7. A live program with a week 6 review

That is a real program. The question now is whether you want to maintain all of it yourself.

Everything you just built, *maintained* for you.

You can run this plan on your own, and many clinics will. Clinical Edge Partners exists for the ones who would rather spend their time with patients than keeping protocols, handouts, training and marketing current by hand.

WHAT YOU GET	WHAT IT REPLACES	INCLUDED AT
Reference library: 70+ compounds, seven categories, six-part resources with evidence tiers	Hours of literature review per compound, repeated every time the science moves	SIGNATURE+
Protocols with a named reviewer and dated revisions	Writing and re-checking protocols on your own	SIGNATURE+
Consent templates and patient handouts	Drafting from scratch, then legal review	SIGNATURE+
Staff lessons and monthly live trainings	Training every new hire one-on-one	SIGNATURE+
AI librarian for instant answers from the library	Digging through binders between patients	SIGNATURE+
Prescriber community	Figuring it out alone	SIGNATURE+
Sourcing standard and COA training	Choosing a supplier on a gut call	SIGNATURE+
White-labeled office marketing and patient materials	A designer, a print vendor and weeks of back-and-forth	SIGNATURE+
Clinic-branded patient app: order, book, pay, approve, rewards	Chasing reorders by phone and building your own app	PREMIER
Five AI marketing agents your team approves	Freelancers or an agency for design, video, search, ads and email	PREMIER
Launch Mapper AI skill for Claude or ChatGPT	Paying a consultant to turn your worksheet into a plan	ACCESS, FREE
Protocol Review Board	An informal second opinion, when you can get one	A LA CARTE, ALL TIERS

Clinical Edge does not sell or supply peptides. Education only, not CME or CE credit. You keep every clinical decision, your prices and your patients.

Pick the level *that fits where you are.*

ACCESS

Free

A first look at the library

- Launch Mapper AI skill
- Sample provider lessons
- A sample protocol resource
- Protocol Review Board, a la carte

FOUNDER PRICING

PREMIER

\$749_{/mo}

+ \$2,499 onboarding

- Clinic-branded patient app
- Five AI marketing agents
- App onboarding for your team
- Plus everything in Signature

SIGNATURE

\$249_{/mo}

+ \$499 setup · Premier without the app

- Full library, protocols, consent templates and handouts
- Staff lessons, monthly live trainings and the prescriber community
- AI librarian, sourcing standard and COA training
- Office marketing and patient information under your clinic's name

FOUNDER PRICING · FIRST 15 CLINICS

Founding clinics lock their base rate for 24 months from paid activation, as long as membership stays continuously active. After that it is reviewed, with no guaranteed continuation, and cancellation ends the protection. Premier has a 12-month initial term, then month-to-month. Extras and taxes are additional. Confirm availability and written terms before enrolling.



Finish the plan. *Let your AI map it.*

1. **Join Access, free.** You get the Launch Mapper skill for Claude or ChatGPT.
2. **Download your answers** from this plan and paste them in. Leave out patient names and health details.
3. **Get your custom launch map:** your lanes, order sizing, team assignments and week 6 review, drafted for you to review.

Join Access free clinicaledgepartners.com/#pricing

Want a private marketing review, or to explore a clinic-branded patient app? [Book a call](#)

Open only to NPI-attested prescribers.

Clinical Edge does not sell or supply peptides. Education only, not CME or CE credit, and not medical, legal or financial advice. Prescribing providers retain clinical responsibility. No outcome or revenue is promised or implied; any figures in this guide are your own worksheet math.