

Your Ozempic® Dosing Calendar

Track your weekly injections and titration progress with this printable guide

Patient Information

Name: _____ Start Date: _____
 Prescriber: _____ Pharmacy: _____

Standard Titration Schedule

The following schedule shows the typical dose escalation for Ozempic®. Your healthcare provider may adjust this based on your individual needs.

Phase	Dose	Duration	Pen Type	Purpose
START	0.25 mg	Weeks 1-4	0.25/0.5 mg Pen	Initiation (non-therapeutic)
STEP	0.5 mg	Weeks 5-8	0.25/0.5 mg Pen	Initial therapeutic dose
ESCALATE	1 mg	Weeks 9-12+	1 mg Pen	Maintenance dose
MAXIMUM	2 mg	If needed	2 mg Pen	Additional glycemic control

Key Administration Points

- Inject once weekly on the same day each week
- Can be taken at any time of day, with or without meals
- Injection sites: abdomen, thigh, or upper arm (rotate sites)
- Store unused pens in refrigerator (36°F to 46°F / 2°C to 8°C)
- In-use pen can be stored at room temperature (up to 86°F / 30°C) for up to 56 days

If You Miss a Dose:

- If within 5 days: Take the missed dose as soon as possible

- If more than 5 days: Skip the missed dose and take next dose on regular day
- Then resume your regular once-weekly schedule

Weekly Injection Tracker

Record each injection date, time, site, and any notes. Check the box when complete.

Phase 1: Initiation (0.25 mg) & Phase 2: Step (0.5 mg)

Week	Dose	Done	Date	Time	Injection Site	Notes
Week 1	0.25 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 2	0.25 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 3	0.25 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 4	0.25 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 5	0.5 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 6	0.5 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 7	0.5 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 8	0.5 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____

Phase 3: Escalate (1 mg) & Phase 4: Maximum (2 mg)*

Week	Dose	Done	Date	Time	Injection Site	Notes
Week 9	1 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 10	1 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 11	1 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 12	1 mg	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 13	2 mg*	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 14	2 mg*	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____
Week 15	2 mg*	<input type="checkbox"/>	___ / ___ / ___	___:___ AM/PM	<input type="checkbox"/> Abd <input type="checkbox"/> Thigh <input type="checkbox"/> Arm	_____

Week 16	2 mg*	■	___ / ___ / ___	___ : ___ AM/PM	■ Abd ■ Thigh ■ Arm	_____
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*2 mg dose is only for patients who need additional glycemic control. Many patients maintain on 0.5 mg or 1 mg. Always follow your prescriber's instructions.

Side Effects & Symptoms Tracker

Track any side effects to discuss with your healthcare provider at your next visit.

Common Side Effects (usually mild and temporary)

Side Effect	Week 1-2	Week 3-4	Week 5-6	Week 7-8	Notes
Nausea	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	
Vomiting	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	
Diarrhea	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	
Constipation	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	
Stomach pain	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	
Decreased appetite	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	■ None ■ Mild ■ Mod	

■ Contact Your Healthcare Provider Immediately If You Experience:

- Severe abdominal pain that doesn't go away (possible pancreatitis)
- Symptoms of thyroid tumors: lump in neck, hoarseness, trouble swallowing
- Signs of severe allergic reaction: swelling of face/throat, difficulty breathing
- Symptoms of low blood sugar: shakiness, sweating, confusion, fast heartbeat
- Vision changes (if you have diabetic retinopathy)
- Signs of kidney problems: decreased urination, swelling in legs/feet

Additional Notes & Questions for Your Provider

DISCLAIMER: This calendar is provided for informational and tracking purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding your medication or medical condition. Ozempic® is a registered trademark of Novo Nordisk A/S. Synedica Laboratories is not affiliated with, endorsed by, or sponsored by Novo Nordisk.

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