



MAGNOLIA FUNCTIONAL WELLNESS

GLP-1 Weight Loss in DFW

How to Find a Physician-Supervised Program That Actually Works

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60+ lbs	~30 lbs	28.7%
Lost by Dr. Abdullah on this protocol	Average patient weight loss	Body weight reduction in retatrutide Phase 3

TL;DR Dr. Farhan Abdullah lost over 60 pounds on this protocol. He sees the downstream consequences of untreated metabolic syndrome every week as a hospitalist — and recognized that trajectory in himself. Magnolia's GLP-1 program runs the labs most clinics skip (fasting insulin, HbA1c), measures body composition at baseline and follow-up, provides a structured muscle preservation protocol, sources all compounded medications from a 503B-registered facility with third-party potency verification at 100%+, and makes every clinical decision — including agent selection between semaglutide, tirzepatide, and retatrutide early access — based on your individual metabolic profile. Dr. Abdullah sees the vast majority of patients personally. Magnolia is one of the only DFW clinics building a structured physician-supervised program around retatrutide, whose Phase 3 data shows up to 28.7% average body weight reduction — 71.2 lbs — the highest outcomes ever recorded in a pharmacological weight loss trial.

What to Ask Before Trusting Any DFW Clinic With Your GLP-1 Prescription

Magnolia Functional Wellness in Southlake, TX offers physician-supervised GLP-1 weight loss using compounded semaglutide and tirzepatide — sourced from a 503B-registered pharmacy with third-party verified potency — alongside a structured muscle preservation protocol, full metabolic baseline including fasting insulin and HbA1c, and body composition analysis at every follow-up. Magnolia is one of the only DFW clinics offering structured early access to retatrutide, whose Phase 3 TRIUMPH-4 trial showed up to 28.7% average body weight reduction — 71.2 lbs average — the highest outcomes ever recorded in a pharmacological weight loss trial.

I'm Dr. Farhan Abdullah, DO — board-certified internist, attending hospitalist at Methodist Dallas and Methodist Southlake, and Medical Director at Magnolia. In 2021, I was the heaviest I'd been in my adult life. I was tired constantly — not the manageable tired of a busy hospitalist schedule, but the kind of fatigue that made it hard to be present with my kids after a shift. I could see where my metabolic trajectory was headed. I see that trajectory every week in my inpatient work: the 54-year-old admitted for his third cardiovascular event, the 61-year-old with nonalcoholic fatty liver disease that progressed silently for a decade, the 48-year-old whose insulin resistance was measurable and addressable years before his type 2 diabetes diagnosis — and nobody measured it.

I started semaglutide, switched to tirzepatide as the dual agonism data matured, and lost over 60 pounds. It changed my health, my energy, my ability to be fully present with my family, and my confidence in ways I didn't fully anticipate. It also gave me a first-person understanding of what this protocol actually requires to work — not just the pharmacology, but the body composition tracking, the muscle preservation, the metabolic monitoring that separates durable weight loss from a temporary number on a scale.

I built Magnolia's GLP-1 program around what I did myself and what the best available evidence supports. Our patients lose an average of 30 pounds — with some losing significantly more — while maintaining or improving their lean muscle mass. That last part is not standard at most DFW clinics. It's the result of a specific protocol.

The SELECT trial established something the marketing version of GLP-1 therapy rarely mentions: Semaglutide reduced major adverse cardiovascular events by 20% in non-diabetic patients with obesity and established cardiovascular disease.³ These medications aren't cosmetic. They're cardioprotective. That's why the evaluation matters — and why a BMI check is not a complete medical workup.

The Specific Ways DFW GLP-1 Programs Are Failing Patients

These are the specific clinical failures I see in patients who come to Magnolia after losing weight — and then regaining it, losing muscle they needed, or discovering metabolic problems nobody caught before they started.

Failure 1: Starting without checking insulin resistance or glycemic status

Fasting insulin tells you your degree of insulin resistance. HbA1c tells you where your glycemic control has been over the past three months. Most subscription services and medspa weight loss programs don't run either. At Magnolia, both are on every baseline panel — because they directly affect which agent we choose, what starting dose is appropriate, and what we monitor during treatment.

Failure 2: No body composition baseline — treating scale weight as the outcome

Studies suggest 25-39% of total weight lost on GLP-1 therapy without countermeasures can come from lean mass — reducing resting metabolic rate and setting patients up for accelerated regain. At Magnolia, every patient starts with bioelectrical impedance body composition analysis measuring fat mass, lean mass, visceral fat, and hydration status. Repeated at follow-up. We're managing body composition, not a scale.

Failure 3: No muscle preservation protocol

A specific daily protein target calculated from lean body mass, resistance training guidance calibrated to baseline fitness, and dose titration decisions that account for body composition changes — not just scale weight. Most GLP-1 programs prescribe the medication and provide general wellness guidance. That's not a protocol. I tracked my own lean mass throughout my 60-pound weight loss. The protocol exists because I know what it takes to do this correctly.

Failure 4: Prescribing the wrong agent for the patient's metabolic profile

Semaglutide and tirzepatide are not interchangeable. Tirzepatide's dual GLP-1/GIP agonism produces greater average weight loss and is particularly effective for patients with significant insulin resistance. Semaglutide has the most robust cardiovascular outcome data. The right choice depends on your individual metabolic panel — not compounding costs or clinic defaults.

Failure 5: Using compounded medications from unverified sources

The FDA took enforcement action in 2024-2025 against compounded semaglutide products for potency variation and contamination risk — medications testing at 60%, 80%, or 150% of labeled concentration. Magnolia sources exclusively from a 503B-registered outsourcing facility, FDA-overseen, operating under current Good Manufacturing Practice standards. Every batch is third-party tested and verified at 100% potency or above. You know what you're injecting. That's not guaranteed at every clinic advertising compounded semaglutide in DFW.

Failure 6: No exit strategy — subscription model with no clinical endpoint

The SURMOUNT-4 trial showed patients who stopped tirzepatide after 36 weeks regained more than half their lost weight within a year while continuing lifestyle intervention.⁴ The medication is a tool. The program around it determines whether the outcome lasts. At Magnolia, the program has defined milestones and builds the metabolic foundation during treatment — not just suppresses appetite.

Failure 7: No physician actually involved in your care

Texas is a restricted practice state. NPs require a collaborating physician's prescriptive authority agreement — but that agreement doesn't require the physician to see a single patient, review a chart in real time, or be reachable when a clinical question arises. GLP-1 medications have real contraindications: personal or family history of medullary thyroid carcinoma, MEN2, history of pancreatitis, significant renal impairment. Evaluating those correctly is a physician-level clinical judgment call.

At Magnolia: Dr. Abdullah sees the vast majority of GLP-1 patients personally. Every NP-managed case is reviewed directly with Dr. Abdullah — not sampled, not audited quarterly. There is a physician who knows your case. When something changes clinically, that physician is in the loop before your next scheduled visit.

Why 503B Pharmacy Status Matters Right Now

The FDA took enforcement action in 2024-2025 against compounded semaglutide products, citing potency variation and contamination across a significant portion of the compounding market. For a weight loss medication where dose titration is clinically meaningful, a medication at unknown concentration is a clinical problem, not a minor administrative one.

Magnolia sources exclusively from a 503B-registered outsourcing facility — the highest regulatory tier for compounding pharmacies, subject to FDA oversight, regular inspection, and current Good Manufacturing Practice standards. Every batch is third-party tested and verified at 100% potency or above. In a market where compounded semaglutide quality is genuinely variable, this is a clinically meaningful distinction.

The Magnolia GLP-1 Protocol: Specifically What We Do

The same protocol Dr. Abdullah used himself.

Complete metabolic baseline before any prescription. CBC, CMP, lipid panel, HbA1c, and fasting insulin — every patient. No prescription until we have a complete metabolic picture.

Body composition analysis at baseline and follow-up. Bioelectrical impedance analysis measuring fat mass, lean mass, visceral fat, and hydration. Repeated at 3-month intervals. We track what you're losing, not just how much.

Agent selection based on your metabolic profile. Semaglutide or tirzepatide prescribed after reviewing your individual workup — insulin resistance level, cardiovascular risk, GI tolerance, and goals. A clinical decision, not a default.

503B-sourced medications, third-party verified at 100%+ potency. Every compounded medication from a 503B-registered facility under FDA oversight and cGMP standards. Third-party tested. You know exactly what you're getting.

Structured muscle preservation protocol. Specific daily protein target calculated from your lean body mass. Resistance training guidance calibrated to your baseline. Dose titration that accounts for body composition changes — not just scale weight.

Defined follow-up with labs. 4-6 weeks post-initiation, then every 3 months. Body composition at 3-month intervals. Metabolic panel at 6 months. The data drives every protocol adjustment.

Retatrutide early access — the most effective weight loss medication ever tested. Magnolia is one of the only DFW clinics building a structured physician-supervised program around retatrutide. Phase 3 TRIUMPH-4 data (December 2025): up to 28.7% average body weight reduction, 71.2 lbs average lost, 39.4% of patients losing 30%+ of body weight.⁵ Seven additional Phase 3 readouts expected in 2026. The waitlist is open now.

Every NP-managed case reviewed directly with Dr. Abdullah. Not sampled. Not audited quarterly. Reviewed. There is always a physician who knows your case.

Semaglutide vs. Tirzepatide vs. Retatrutide

Semaglutide (GLP-1 agonist) — Most established agent. Strongest cardiovascular outcome data — SELECT trial shows 20% relative reduction in major adverse cardiovascular events in patients with obesity and established CVD.³ ~15% average weight loss. First-line for patients where cardiovascular protection is the primary clinical objective.

Tirzepatide (GLP-1 + GIP dual agonist) — Greater average weight loss, up to 22.5% in SURMOUNT-1.² Dual mechanism improves insulin sensitivity more effectively — particularly beneficial for patients with significant insulin resistance and metabolic syndrome. The agent I switched to personally and where I saw the most significant results.

Retatrutide (GLP-1 + GIP + glucagon triple agonist) — Phase 3 TRIUMPH-4 (December 2025): up to 28.7% average body weight reduction, 71.2 lbs average weight lost, 39.4% of patients losing 30%+ of body weight.⁵ The glucagon receptor component adds direct fat-oxidation activity the dual agonists lack. Seven additional Phase 3 readouts expected in 2026. Highest weight loss outcomes ever recorded in a pharmacological trial. Magnolia's early access program is building the waitlist now.

Frequently Asked Questions

What labs do you run before starting GLP-1 therapy?

CBC, comprehensive metabolic panel, lipid panel, HbA1c, and fasting insulin — every patient before any prescription. Most subscription services don't run fasting insulin or HbA1c. We run both because they determine which agent we choose, what dose we start at, and what we monitor throughout treatment.

What results do Magnolia's GLP-1 patients actually achieve?

Our patients lose an average of 30 pounds, with results varying based on starting weight, goals, and adherence. More importantly, we track body composition throughout — the goal is fat loss while maintaining or improving lean muscle mass. A patient who loses 30 pounds while maintaining lean mass has a more durable metabolic outcome than one who loses 30 pounds with significant muscle loss. The body composition protocol is what produces that distinction.

Why does 503B pharmacy status matter?

The FDA took enforcement action in 2024-2025 against compounded semaglutide for potency variation — medications testing at 60-150% of labeled concentration. Magnolia's compounded medications come from a 503B-registered facility operating under FDA oversight and cGMP standards, with third-party potency verification at 100%+. In a market where compounded semaglutide quality is genuinely variable, knowing exactly what's in your medication is not a minor point.

I've heard GLP-1 medications cause muscle loss. Is that true?

Without a muscle preservation protocol, yes — 25-39% of weight lost on GLP-1 therapy without countermeasures can come from lean mass. With adequate protein targeted to lean body mass and progressive resistance training, lean mass loss can be substantially reduced — and some patients gain lean mass while losing fat. We measure your lean mass before you start and track it throughout. I tracked my own throughout my 60-pound weight loss. The protocol is built around protecting it.

How do I know if a weight loss clinic actually has a physician involved?

Ask: 'Will I see the physician at my initial evaluation?' and 'If I develop a side effect, who reviews my case and how quickly?' A clinic with genuine physician involvement answers both specifically. In Texas, the law requires a collaborating agreement — not the physician's presence in your care. That gap is where most of the risk in the DFW GLP-1 market actually lives.

What is retatrutide and can I access it at Magnolia?

Retatrutide is a triple hormone receptor agonist (GLP-1, GIP, glucagon) in late-stage Phase 3 development. TRIUMPH-4 (December 2025) showed up to 28.7% average body weight reduction at 68 weeks — 71.2 lbs average — with 39.4% of patients losing 30%+ of body weight.⁵ The highest weight loss numbers ever recorded in a pharmacological trial. Magnolia is one of the only DFW clinics building a structured clinical program around it. The waitlist is open now.

References & Further Reading

1. Wilding JPH, Batterham RL, Calanna S, et al. Once-Weekly Semaglutide in Adults with Overweight or Obesity (STEP 1). *N Engl J Med.* 2021;384(11):989-1002. PMID 33567185
2. Jastreboff AM, Aronne LJ, Ahmad NN, et al. Tirzepatide Once Weekly for the Treatment of Obesity (SURMOUNT-1). *N Engl J Med.* 2022;387(3):205-216. PMID 35658024
3. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes (SELECT). *N Engl J Med.* 2023;389(24):2221-2232. PMID 37952131
4. Aronne LJ, Sattar N, Horn DB, et al. Continued Treatment with Tirzepatide for Maintenance of Weight Reduction (SURMOUNT-4). *JAMA.* 2024;331(1):38-48. PMID 38078870
5. Eli Lilly and Company. Retatrutide Phase 3 TRIUMPH-4: weight loss up to average 71.2 lbs. Press release, December 11, 2025. investor.lilly.com/news-releases/news-release-details/lillys-triple-agonist-retatrutide-delivered-weight-loss-average
6. Magnolia Functional Wellness — Semaglutide: magnoliafunctionalwellness.com/services/semaglutide
7. Magnolia Functional Wellness — Tirzepatide: magnoliafunctionalwellness.com/services/tirzepatide
8. Magnolia Functional Wellness — Retatrutide: magnoliafunctionalwellness.com/services/retatrutide-southlake-tx

Ready to find out what your metabolic baseline actually looks like?

Book a GLP-1 evaluation at Magnolia Functional Wellness — Southlake, TX.
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