Renew Weight Loss LLC

Weight Loss and Appetite Suppressant Consent

I hereby authorize Dr. Dan Kort and associates to assist me in my weight reduction efforts. I understand that the Renew Weight Loss program uses medications and treatments that do not contain Ephedra, ma huang or guarana, but do use appetite suppressants, other medications, and injections for up to and on occasion more than 12 consecutive weeks. Medications, including appetite suppressants, often have labeling, agreed upon by the manufacturers of the medication and the Food and Drug Administration. This labeling contains suggestions for using the medications. The directions for use for the appetite suppressants are based on short-term studies of 12 weeks. Recent longer-term studies from university-based investigators have shown that appetite suppressants, supplements and injections may be effective for longer than 12 weeks, although these studies have not been fully confirmed. A physician is not required to use the medication as the labeling suggests, but may use the labeling as a source of information along with their own experience, the experience of colleagues, and recent longer term studies to use the appetite suppressants for longer periods of time and at times, in increased doses.

Dr. Dan Kort supports the off label use of medications proven to be effective in scientific studies to promote weight loss and the use of nutritional supplements and injections. These injections, nutritional supplements, and medications can boost my energy, burn fat faster and eliminate cravings. The result is faster weight loss with less fatigue. Some physician directed weight loss programs rely solely on exercise and calorie restriction. While exercise and dieting are definitely essential components of an effective weight loss regime, our experience indicates that the nutritional supplements, injections and medications utilized as prescribed in our Renew Weight Loss program are both safe and effective and can boost my energy even while promoting rapid weight loss.

I understand there are other programs that can assist me in my desire to decrease my body weight and to maintain this weight loss. In particular, a balanced calorie counting program or an exchange eating program without the use of the appetite suppressant would likely prove successful if followed, even though I would most likely be hungrier without the appetite suppressants.

Dr. Dan Kort or his medical associate may issue you a prescription for either Phendimentrazine or Phentermine HCL. This prescription may be filled within our facility, or I may request a written prescription to have filled at an outside pharmacy of my choice.

In order to continue to receive appetite suppressants, other medications, and injections I must demonstrate continued weight loss. The use of these methods of treatment involves potential risks. Reported side effects include nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, medication allergy, high blood pressure, rapid heartbeat, and heart irregularities. These and other risks could be serious on occasion.

Risks of Proposed Treatment

I understand this authorization is given with the knowledge that the use of the appetite suppressants for more than 12 weeks and in higher doses than the dose indicated in the labeling involves some risks and hazards. The more common risks include nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, psychological problems, medication allergies, high blood pressure, rapid heartbeat, and heart irregularities. These and other possible risks could be serious or fatal on occasion.

Risks Associated with Being Overweight or Obese

am aware that there are certain risks associated with remaining overweight or obese. Among them are tendencies to high blood pressure, to diabetes, to heart attack and heart disease, and to arthritis of the joints, hips, knees, and feet. I understand these risks may be modest if I am not very much overweight but that these risks can go up significantly the more overweight I am.

No Guarantees

There is no guarantee that the Renew Weight Loss program will work for me. By consenting to treatment, I agree to pay in full for all visits and charges at the time of each visit. I understand that no refunds are ever given at any time for any reason. I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I understand that I will have to continue to monitor my weight all of my life if I am to be successful.

By signing below, I certify that I have read and fully understand this consent form. I should not sign this form if I have any questions that have not been answered to my complete satisfaction. My signature further confirms that I do not have a history of alcohol abuse, drug abuse, schizophrenia, or manic-depressive illness, since these conditions are a contraindication to the use of appetite suppressants. I hereby agree not to take any other appetite suppressants, other medications, or injections other than those prescribed by the Renew Weight Loss program or listed on my medical history form. I agree to inform Dr. Dan Kort or associates of any changes in my medication.

YOUR SIGNATURE BELOW INDICATES YOUR CONSENT TO TREATMENT. IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED TREATMENT, OR ANY QUESTIONS WHATSOEVER CONCERNING THE PROPOSED TREATMENT OR OTHER POSSIBLE TREATMENTS, ASK DR. DAN KORT OR ASSOCIATES BEFORE SIGNING THIS CONSENT FORM.

Patient Da	ate
I have explained the contents of this document to the patient and have answered all my knowledge, I feel the patient has been adequately informed concerning the bene suppressants, the benefits and risks associated with alternative therapies, and the riadequately informed, the patient has consented to therapy involving the appetite su	efits and risks associated with the use of appetite isks of continuing in an overweight state. After being