



Informed consent

The physicians and weight loss staff at the Howard Diet Weight Loss Centers are pleased that you have selected us to help you with your weight loss. The information you provide for us and the examinations and tests performed are all used to determine the best approach for your weight loss.

No weight loss program is 100% effective for all patients and all treatments have some potential for complications. It is important to understand that complications can occur with even the simplest treatment. Anything that enters the body has the potential of a serious reaction. Some medications have special precautions that will be explained to you when you receive them from the pharmacist.

This information is provided to help you decide if you wish to receive the treatment or tests. You will receive more specific instructions of possible complications for some prescriptions. You should also read information about the medications provided to you by the pharmacists. By signing this form you are giving your consent and permission for the physician and staff to prescribe and perform treatments and tests they recommend for your weight loss. You understand that there are no refunds, returns, or store credit for medication. You also understand any injections purchased will not be redeemable in any way after a six month period has passed from the time of purchase. "I hereby declare that the information I have provided is accurate to the best of my recollection." You should ask questions you have if you do not understand the potential benefits and complications. You always have the right to not take any prescription or refuse tests, even if you have previously consented to do it.

This information consent will be kept and considered active for all treatments following the date of your signature. You may request a copy of this consent whenever you should need it.

Patient

Signature of Patient or Legal Guardian

Date

Witness

Date