



ULTIMATE
WEIGHT LOSS SOLUTIONS
Under Medical Supervision

THE LIPOTROPIC (M.I.C.) / B12 INFORMED CONSENT

Date: ____/____/____
(Month/Day/Year)

Purpose

This informed consent form is intended to 1) give fair notice of the requirements of patients seeking to participate in the Lipotropic (M.I.C.) injection or B-12 Injection or a combination of both (Lipotropic and B-12) injections as part of a weight loss program at Ultimate Weight Loss Solution (UWLS), 2) fully disclose any risks associated with participation in the Lipotropic (M.I.C.) injection or B-12 Injection or a combination of both (Lipotropic and B-12) injections as a weight loss program, and 3) obtain written "Informed Consent" from the patient to undergo treatment by healthcare professionals associated with UWLS.

Thank you for selecting Ultimate Weight Loss Solutions and/or its medical staff for your health care needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. For your convenience, we accept Visa, MasterCard, Discover, American Express, checks and cash.

I understand that Ultimate Weight Loss Solutions is a 'cash practice'; therefore, my insurance will not necessarily cover any procedure or payment toward any of my sessions. I agree to cancel/or reschedule my sessions at least 48 hours in advance of existing scheduled appointments by calling or leaving a detailed message to Ultimate Weight Loss Solutions at 805-444-9791.

I understand that I am voluntarily participating in a weight loss program involving behavioral modification, dieting and weekly Lipotropic (M.I.C.) injections or B-12 injections or a combination of both Lipotropic (M.I.C.) and B-12 injections. I understand the results are not guaranteed, may vary and that it is necessary for me to follow the required diet plan in conjunction with Lipotropic (M.I.C.) injections or B-12 injections or a combination of both Lipotropic (M.I.C.) and B-12 injections to achieve my desired weight loss goal.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand there are no refunds once services have been provided. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

Prescription Acknowledgement:

Because your health can vary over time, Ultimate Weight Loss Solutions only honors prescriptions for ninety (90) days after the original date the prescription is written. After ninety (90) days another consultation with our doctor is required. If I discontinue the Ultimate Weight Loss Solutions program for any reason, I understand that my initial prescription is valid for ninety (90) days from the time the prescription is written. If there is no discontinuation of the program, the initial prescription is also only valid for ninety (90) days.

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I have been informed of the following:

- While all components generally have no side effects, doses must be taken at regular intervals. The injections are only effective temporarily. As soon as the effect of these drugs wear out, the body starts returning to normal.
- Some redness, minor discomfort, small bruising and bleeding at the injection site may occur. This will usually dissipate in a minimal amount of time.
- Some people have experienced allergic reactions to the injections.
- Potential side effects include stomach upset and urinary problems due to the strain the injections place on the kidneys. Some patients have been unable to control their urine and/or had diarrhea.
- Depression is another possible side effect.
- It has been reported that B12 can cause peripheral vascular thrombosis, itching, and a feeling of swelling in the body.
- Unexplained pain may develop in unrelated parts of the body. Some people have experienced joint pains.
- Lipotropic injections change the function of the digestive system temporarily. This can result in extreme exhaustion.
- Weight loss can be inconsistent from one week to the next. There can be no guarantees as to the timetable of a weight loss program.
- Too much Methionine and Adenosine Monophosphate can potentially accumulate in the body and have the side effect of boosting the metabolic rate too high. If any abnormal heart racing occurs, I will contact my medical provider immediately.
- Vitamin B12 is contradicted in Leber's hereditary optic neuritis, as it can cause blindness.

I will inform my practitioner of any changes in my medical history, current medications, and/or any changes relevant to this procedure prior to any future treatments.

I have read the above and I agree to accept the risk of the procedure. All my questions have been answered to my satisfaction. I agree to release the facility and the medical practitioner from any liability arising from the procedures. I consent solely to arbitration as a legal means of settlement.

_____ patient initials



THE LIPOTROPIC (M.I.C.) / B12 INFORMED CONSENT

I have been informed of the following:

Vitamin B12 helps maintain good health and has been shown to be beneficial in helping to: Reduce stress, fatigue, improve memory and cardiovascular health, and maintain a good body weight. It can also assist the body in converting proteins, fats and carbohydrates into energy and is necessary for healthy skin and eyes.

B12 Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to B12 injections are Oral Vitamins, B12 Patch, Lozenges, Liquid drops and Nasal Spray.

B12 Injections common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headache and joint pain.
2. If any of these side effects become severe or troublesome I will contact my physician immediately.
3. I understand that although rare Vitamin B12 injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking vitamin B12 injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B12 injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:

- rapid heartbeat
- chest pain
- flushed face
- muscle cramps and weakness
- difficulty breathing and swallowing
- shortness of breath when there is no physical exertion and unusual wheezing and coughing.
- dizziness
- confusion
- rapid weight gain
- tight feelings in the chest
- hives, skin rashes

4. Before starting vitamin B12 injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Leber's Disease
- Kidney disease
- Liver disease
- Receiving any treatment that has an effect on bone marrow
- Taking any medication that has an effect on bone marrow
- An allergy to cobalt or any other medication, vitamin, dye, food or preservative
- Iron deficiency
- Folic acid deficiency
- An infection

5. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the B12 Injection.

6. Treatments: Can be once a month, Once a week, Twice a week and will be determined by the provider.



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I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent B12 Injections with the above understood. I hereby release the doctor, the person injecting the B12 and the facility from liability associated with this procedure.

Patient Signature

Date