

VIP WeightLoss MD.

INFORMED CONSENT

I acknowledge that I am entering a weight reduction program supervised by **VIP WeightLoss MD. physicians**. I fully realize that entering any program involving weight reduction, which includes moderate calorie restriction, exercise and medications involves potential risks and side effects. The risks include, but may not be limited to the following:

1. Cardiovascular (heart or blood pressure): These problems may include heart palpitations, irregular beats, or rapid heartbeat. These effects are usually mild, but can result in serious problems including heart attack or stroke. Also, these medications may increase blood pressure, which if left untreated can lead to heart attack or stroke. Discontinuing the medication almost always results in alleviating this problem. Therefore, patients taking blood pressure medication should monitor their blood pressure often and discontinue medications if blood pressure rises or heart rhythm abnormalities occur.
2. Gall Bladder Disease (Gall Stone): Any program resulting in rapid weight loss may precipitate the formation of gallstones with resulted need for surgery. This is as a result of the weight loss rather than the medications.
3. Psychiatric: There are reported cases of “hysterical or psychotic reactions” associated with the use or discontinuation of these kinds of drugs. These reactions are extremely rare.
4. Men over 40 and post menopausal women in general, and patients with risk factors for cardiovascular disease should have a cardiovascular evaluation before entering this program. This may include an EKG, a stress test, or other testing procedures, depending on individual circumstances. Patients fitting this criteria acknowledge having had this evaluation and being cleared medically prior to starting this weight loss program.
5. Common, but troublesome side effects may include but not be limited to dry mouth, palpitations, “speedy” feeling, headaches and sleeplessness. In several studies, the incidence of these side effects was not reported to be any greater in frequency than with placebo.
6. Drug interactions may occur if other medications are taken. Therefore, I will check with my prescribing physician before starting the program, if I am taking other medications.
7. Certain medical conditions may be worsened if on this program, including glaucoma, hypertension and heart disease.
8. The use of medications for weight management is indicated for those patients who have a BMI of 30 or higher or a BMI of 27 or higher with a co-existing co-morbidity (for example, diabetes). Prescribing medications for patients not fitting this criteria, is considered “off label”. Moreover, the potential risk versus benefit is greater. Therefore patients not fitting the BMI criteria for use of

appetite suppression medication acknowledge that 1) they have tried for at least six months by diet and exercise and failed to achieve the desired weight loss, 2) the inability to lose the weight is causing significant emotional distress, and 3) they choose to become part of this program and use medications entirely electively, in a similar way that they would choose to undergo liposuction or other such procedure and **therefore hold harmless Dr. Mark Mcbath and Victor Okeh, MD. and VIP WeightLoss Co. DBA VIP WeightLoss MD. and its employees and JDJ of Miami, Inc.** and LPE Pharmacy, Inc. for use of such medications. I recognize the potential risks of this treatment program, and I also understand the potential benefits of weight loss, which may include:

1. Decrease risk of heart attack.
2. Decrease risk of adult onset diabetes mellitus.
3. Decrease risk to bones and joints.
4. Increased emotional and psychological well-being.
5. Decreased risk of some forms of cancer (breast and endometrial).

I also understand that this program is only one option to achieve weight loss. I understand that other options for me to lose weight include the following:

1. Diet and exercise alone without medications.
2. The use of other kinds of medications to achieve appetite suppression.
3. Commercial, non-physician supervised weight loss programs, such as Weight Watchers, Jenny Craig, and Nutra-Systems.

Having evaluated the risks and benefits and having had an opportunity to ask any questions, I freely choose to participate in **VIP WeightLoss MD.** weight loss & wellness program and take full responsibility. Also, I fully understand that the amount of weight loss varies from patient to patient, and is, to a large extent dependent on each patient's personal motivation and commitment, no claims as to efficacy or specific amount of weight loss is either expressed or implied. I also understand that the Board of Pharmacy of the State of Florida strictly prohibits the return of dispensed medications; therefore, I realize that once I begin the program, no refunds will be given. Finally, I have been told and understand the importance of regular physician supervision, and, therefore agree to see physician on at least a monthly basis. I realize that failure to do so may result in sub optimal results or unrecognized health problems.

**As a participant in a medically supervised weight loss program, I
acknowledge that I must be re-evaluated on a monthly basis.**

I acknowledge that I have carefully read this Informed Consent (pages 1 & 2) and I understand the risks involved. I have had an opportunity to discuss these with my physician or other health care professional under his guidance (either in person or by telephone conversation).

____ Yes! I'd like VIP WeightLoss MD. to keep me updated via email about special promotions, upcoming events, and exciting news happening within the VIP WeightLoss MD. Community.

Signature of patient

Date

Printed Name of patient