



# Desert Wellness Center

Family Medicine using Modern Science and Ancient Wisdom

## Consent for Human Chorionic Gonadotropin (HCG) Weight-Loss Program

I, \_\_\_\_\_, request and consent to Injections of HCG and strict dietary restrictions for the purpose of losing weight. I understand that as part of the program I will be given a limited physical and orientation to the program, will be instructed on how to administer the injections myself or make arrangements to have someone do so. I understand that initial blood tests will be performed to rule out any conditions that would disqualify me from the program or require any prior treatment before starting the program. I agree to immediately report any problems that might occur to the medical provider during the treatment program. I further understand that there could be risks involved as there are with all medications and that not complying with the dosage recommendations and dietary restrictions could increase risks and alter the results.

I understand that HCG is **not** FDA approved for weight loss. I also understand that there is no medical evidence to support use of HCG for this purpose. The FDA requires the following statement; "HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets."

**Patient responsibility: If you miss a scheduled appointment, it will be your responsibility to call our office to reschedule.**

***REFUND POLICY: Once labs are done, the physical is performed, and the treatment is started, we cannot honor any refund requests based on scheduling conflicts, missed doses, unsatisfactory results, other conflicting medical opinions, other health problems that might concurrently arise, or any other reasons.***

I have read and understand all of the above. I fully understand what I am signing and hereby request and consent to Anti- Aging/weight-loss treatment using injections of HCG.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_