



hCG WEIGHT LOSS PROGRAM

INFORMED CONSENT

I request injections of hCG along with strict dietary restrictions for the purpose of weight loss. I understand that as part of the program, I will be given a limited physical, orientation to the program with supporting materials and I will be instructed on how to administer the injections myself. I understand that initial blood tests may be necessary to rule out any conditions that would disqualify me from the program. I understand hCG is not FDA approved for weight loss as this application is considered "off-label use." I understand there is no medical evidence to support the use of hCG for this purpose. I agree that I am and will be under the care of another medical provider for all other conditions. Melissa Fuller, FNP can work in conjunction with, but cannot replace, my regular primary care physicians, such as general practitioners or other specialists in family medicine or internal medicine. I understand Melissa Fuller, FNP will only prescribe hCG and medication necessary for this treatment and all other health matters should be through my regular physician(s).

Prior to my treatment, I have fully disclosed any medical conditions or diseases such as pregnancy, trying to get pregnant, breastfeeding, history of gallbladder disease, diabetes, autoimmune diseases, HIV, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorder (anemia, thalassemia, hemophilia, etc.) emphysema or asthma, and any history of stroke or cancer. These contraindications have been fully discussed with me. If I fail to disclose any medical condition that I have, I release the doctor and facility from any liability associated with this procedure.

Initials: _____

While hCG is generally free of negative side effects, there is the possibility of the following:

- Ovarian Hyper-stimulation Syndrome (OHSS)
- Risk of multiple pregnancies
- Abnormal enlargement of breasts in men
- Over stimulation of the ovaries causing production of many ova (eggs)
- Acne
- Fatigue
- Irritability
- Rash to skin site of injections
- Fluid retention

I understand these risks: Initials: _____

I understand that use of hCG is absolutely contraindicated during pregnancy and breastfeeding. I understand that it is my responsibility to inform Melissa Fuller, FNP and Estheva Med Spa if I am pregnant, if I am trying to become pregnant or if I become pregnant during the course of these treatments. Initials:_____

I understand that hCG is used in infertility treatments, and therefore, I have an increased chance of pregnancy while on hCG. Multiple birth control methods should be used while on hCG. However, hCG is contraindicated for women using IUD for birth control. Therefore, I agree to use condoms and/or abstinence as birth control method for the duration of the diet. Initials:_____

I agree to immediately report any problems that might occur to my medical provider during the treatment program. I further understand that not complying with the dosage recommendations and dietary restrictions could increase risks and alter my results from the program. If I do not follow these recommendations and restrictions, I agree to release Melissa Fuller, FNP and Estheva Med Spa from any liability arising as a result of this.
Initials:_____

I understand that I may quit the program at any time. While adverse side effects or complications are not expected, in the event that an illness does occur, I understand that I need to contact Melissa Fuller, FNP immediately. Initials: _____

I understand that if there are any changes in my medical history or there are any changes in my medications or any other changes relevant to this procedure, I will advise Melissa Fuller, FNP at that time. Initials:_____

PHOTOGRAPHS: I give permission for photographs to be used by Melissa Fuller, FNP for information kept in my file, and/or teaching purposes, and/or promotional purposes. Complete patient confidentiality will be maintained at all times. Initials:_____

I have read and fully understand the above terms. All my questions have been addressed to my satisfaction. I agree to release the doctor and the facility from any liability associated with this procedure. In the event a dispute arises over the outcome of the procedure, I consent solely to arbitration as a legal means of settlement.

Patient Signature:_____

Date:_____

Provider Signature:_____

Date:_____