Procedure and alternatives: I authorize Physicians and Providers to assist me in my weight reduction efforts. I understand my treatment may involve, but is not limited to the use of appetite suppressants for more than 12 weeks and when indicated in higher doses than indicated in the appetite suppressant labeling. I also understand that an "off-Label use" combination of an appetite suppressant and an anti-convulsing will be indicated to assist my weight reduction efforts.

I have read and understand my doctor's statement that follows: "Medications, including appetite suppressants, have labeling worked out between the maker of the medication and the Food and Drug Administration. This labeling contains among other things, suggestions for using the medication. The appetite suppressant labeling suggestions are generally based on shorter term studies (up to 12 weeks) using the dosages indicated in the labeling. Appetite suppressants are helpful for periods far in excess of 12 weeks and at times in larger doses then those suggested in the labeling. As a physician, I am not required to use the medication as the labeling suggests, but I do use the labeling as a source of information along with my own experience, the experience of recent long term studies, and recommendations of university based investigators. Based on these, I have chosen to use appetite suppressants for longer periods of time and at times in increased doses. Such dosage has not been as systematically studied as that suggested in the labeling, as it is possible, as with most other medications, that there could be serious side effects as noted below. As a physician, I believe the probability of such side effects is outweighed by the benefit of the appetite suppressant use for longer periods of time and when indicated increase doses. You must decide if you are willing to accept the risk if side effects, even if they might be serious, for the possible help of appetite suppression".

I understand it is my responsibility to follow the instructions carefully and to report to the Doctor treating me for my weight reduction any significant medical problems that I think may be related to my weight control program as soon as reasonably possible. I understand the purpose of this treatment is to assist me in my desire to decrease my body weight and to maintain this weight loss. I understand my continuing to receive the appetite suppressant will be dependent on my progress in weight reduction and weight maintenance. I understand there are other ways and programs that can assist me at my desire to decrease my body weight and to maintain the weight loss.

Risk of Proposed Treatment: I understand this authorization is given with the knowledge that use of appetite suppressants for more than 12 weeks and in the higher doses that the dose indicated in the labeling involves some risk and hazards. **I also understand that there is "Off-Label Use" combination of an appetite suppressant and anti-convulsant to further enhance appetite suppression and weight loss**. Topiramate, the anti-convulsant, has recently been found to cause birth defects. Infants exposed to topiramate *in utero* have an increased risk for cleft lip and/or cleft palate (oral clefts). Women of childbearing potential should use effective birth control. The more common side effects include nervousness, sleeplessness, dizziness, somnolence, dry mouth, rapid heartbeat, kidney stones, and gallstones. Though only seen in 25 out of every million on appetite suppressants, primary pulmonary hypertension may also develop. These and other risks could, on occasion, be serious or fatal.

No Guarantees: I understand that much of the success of the program will depend on efforts and that there are no guarantees or assurances that the program will be successful. I also understand that I will have to continue watching my weight all of my life if I am to be successful.

I understand that payments are due in full for all services rendered at the time of service. Medicare and other medical insurance plans, unfortunately, does not pay for this weight loss program.

Patient Consent: I have read and fully understand this consent form and realize I should not sign this form if all items have not been explained or questions I have concerning them have not been answered to my complete satisfaction. If you have any questions as to this risks or hazards of the proposed treatments, ask your doctor before signing.

Patient's Signature Date

Procedure and Alternatives: I authorize Physicians and providers to assist me in my weight reduction efforts. I understand my treatment may involve, but is not limited to the use of appetite suppressants for more than 12 weeks and when indicated in higher doses than indicated in the appetite suppressant labeling. I also understand than an "Off-Label Use" combination of an appetite suppressant and an anti-convulsant will be indicated to assist my weight reduction efforts.

Patient's Signature Date

Physician Declaration: I have explained the contents of this document to the patient and have answered all the patients' related questions, and to the best of my knowledge, I feel the patient has been adequately informed concerning the benefits and risks associated with the "Off-Label Use" of the combination of an appetite suppressant and anti-convulsant, the benefits and risks associated with the alternative therapies, and risks of continuing an overweight state. After being adequately informed, the patient has consented to therapy as stated above.

Physician Signature Date

After your initial visit you will be required to see a physician or midlevel provider for a charge of only $45 dollars. This charge does not include additional medication refills, diet shots or any other supplements. This visit will be required at the end of every 4 consecutive weeks you are on the program.

Thank you for taking part in our medically supervised weight loss program! Dr. Kohn and his staff are committed in providing you with the most safe and effective way for weight loss. Congratulations in taking the first step to a new you!

R. Jay Kohn, MD