

**La Bella Vita Health and
Wellness**

10810 E. Via Linda, Suite 113
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**Consent for Human Chorionic Gonadotropin (HCG)
Anti-Aging/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 attending an orientation to the program and will be instructed on how to administer the injections myself or make arrangements to have someone do so. 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. If I have enrolled in the Basic HCG package, I have chosen to waive any monitoring, blood tests and physical that may be provided in other HCG package options.

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 medical providers with La Bella Vita Health & Wellness provide and administer the treatment with HCG. I agree that I am, and will be under the care of another medical provider for all other conditions. La Bella Vita Health & Wellness will work in conjunction with, but cannot replace, regular primary care physicians, such as general practitioners or other specialists in Family Medicine or Internal Medicine.

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."

I understand the medical providers with La Bella Vita Health and Wellness only prescribe HCG and Bio-Identical Hormone Replacement (BHRT) medications necessary for this treatment with HCG only as part of the weight loss program and/or hormone replacement program. The providers with La Bella Vita Health and Wellness will not prescribe any other type of prescription or non-prescription medications of any kind, unless specifically within the parameters of either the HCG or BHRT programs. We are sometimes asked by patients to provide or renew other medications (such as painkillers or anti-depressants), which were originally ordered by other medical providers. We are not able to comply with such requests as it may lead to confusion and substandard medical care.

Because we are committed to enabling our patients to obtain and maintain health and wellness naturally, and the services provided by our office are based upon a natural and preventative approach, it is rare that this program is covered by insurance companies. Insurance companies, in general, do not cover weight loss and natural hormone replacement programs. For this reason, we do not accept nor do we bill insurance for this program.

Patient responsibility: If you miss a scheduled appointment, it will be your responsibility to call our office to reschedule. There is a \$25.00 charge for a missed appointment without a 24 hour notice given to our office. For broken or misplaced vials there is a \$15.00 per day replacement fee.

REFUND POLICY: Once treatment has begun 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 for 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: _____

Legal guardian or parental signature _____ Date: _____

Photos

This is a consent document that has been prepared to help inform you concerning permission to take photographs and use these images for the purpose defined within this consent document.

I hereby authorize La Bella Vita Health and Wellness to take photographs. I additionally authorize the use of these photographs for professional purposes deemed appropriate including but not limited to: showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication, of during lectures to medical or lay groups. Pictures may also be used on the internet and physicians website. Photographs may be taken before, during, or after an HCG protocol.

Patient Signature/Date

HIPPA Acknowledgement

I acknowledge that I have received this summary and a copy of the Notice of Privacy Practices regarding the use and disclosure of my private health information.

Patient Signature/ Date

Waiver

I have been made aware that there is a risk of Gout while I am undergoing the HCG treatment. La Bella Vita Health and Wellness recommends that blood work be performed. If I have enrolled in the Basic HCG package, I have had the recommended blood tests performed outside of La Bella Vita Health and Wellness and have supplied those labs to La Bella Vita Health and Wellness or I have chosen to waive the blood tests in which uric acid levels will be tested.

Patient Signature/Date