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Personalized Obesity Management Program™



Disclaimer

Prescott Clinix /erbz Rx – is a preventative health care life style management clinic. We review your test results before we recommend your program. All information is protected under all HIPAA laws and Regulations. All patients are required to fulfill and follow all of the instructions and procedures. Read and understand the WHOLE Manuscript and call the clinic if you have any problems, questions or concerns. Patients who submit fraudulent information will be terminated from our program. Any medication prescribed is only for the use of the patient and is not to be transferred, distributed, modified or used by any other party. We require a complete health care assessment, history and physical exam testing.

The statements and products for this personalized healthy lifestyle obesity management protocol have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent diseases. Individual results may vary.

Possible adverse reactions to HCG could include the following: injection site pain, edema, irritability, headache, restlessness, gynecomastic, depression or fatigue. Although we do all we can to cleanse the body before you start your HCG injections plus meal plans, there can be Gallstones (colics) on low fat meal plans (rare) but may become worse. You need to be aware of this and not exclude medical intervention if needed. Fibroids (extremely rare) very large fibroids externally palpable uterine myomas, may get worse because of the fat bed loss around them. It is recommended that large fibroids be removed before starting the HCG program.

This is not a do it yourself program. It is a personalized healthy lifestyle obesity management program. We recommend drugs prescribed to you to be continued. If you're taking medication for blood pressure or blood sugar charts are provided for you to check and make adjustments as needed.



Disclaimer Continued

If you have had a coronary occlusion and have not had any adverse symptoms for 3 months, you can start the HCG program.

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Patient Signature _____ Parent Signature _____

Date _____

Witness _____