

# **CONSENT FORM FOR ONLINE MEDICAL WEIGHT LOSS** **PROTOCOL**

I have requested for the Online Weight Loss protocol which involves the use of pharmaceutical agents, hormones, nutraceuticals, Life style modification, Diet modifications, Exercise regimen, Yoga advises etc.

I understand that the online protocol would be designed depending on the accuracy of the detailed history and information given by me. I also understand that my compliance is of utmost importance for the success of the protocol. I have understood that I have to follow the protocol very sincerely and to the words as a student. Failure to follow the outlined patient protocol may result in failure to achieve the desired results.

The whole protocol response depends on the underlying medical/ surgical/ gynecological/ biochemical /Pathological conditions and also on the compliance.

I understand that the treating doctor(s) is/ are completely dedicated to give the results but as it is not a magic remedy and they don't claim it to be a cure for all and hence results may vary. I have understood that this treatment involves efforts and time from the doctor's side too and hence in no circumstances I'll ask for any refund.

In addition, I am not now, and do not expect to become pregnant during the course of my treatment.

I hereby consent to follow the WEIGHT LOSS protocol and treatments.

Patient Name

Patient Signature

Date

Witness Name & Sign