



PATIENT TREATMENT FORM

Weight-Loss Medication and GLP-1 Therapy Consent

For your identified weight-management medication and care plan

Patient legal name:	Date of birth:
Preferred phone:	Date of form:

Purpose and Scope

This consent applies only to the treatment identified in this document and your completed treatment plan. Before you sign, PHO will identify the proposed service, responsible professional, clinical purpose, treatment area or route, expected course, material risks, reasonable alternatives, follow-up, and charges. You will need to review that information and ask for clarification before deciding. A signature on a general registration packet does not authorize an unspecified drug, dose, injection, procedure, or device treatment. This form supplements your General Consent for Evaluation and Treatment, HIPAA Notice of Privacy Practices, applicable Telehealth Consent, financial agreement, Good Faith Estimate notice, and patient portal terms. Separate legally required consent remains necessary.

Medical weight-management care includes evaluation, nutrition and activity discussion, medication eligibility, relevant laboratory review, prescribing, safety monitoring, and follow-up. The proposed drug, intended indication, formulation, route, and schedule will be identified before you consent. FDA-approved use, off-label use of an approved drug, and a compounded preparation are different; PHO will explain which applies to your prescription. No drug, dose, amount of weight loss, metabolic improvement, or duration of benefit is guaranteed.

Government Requirements and PHO Commitments

Florida's Medical Consent Law, section 766.103, and the patient-rights requirements in section 381.026 govern applicable informed decisions and patient rights. Florida professional licensing laws and Department of Health and professional-board rules govern who can evaluate, prescribe, administer, or supervise your care. AHCA administers applicable clinic requirements under chapter 400, part X, chapter 408, part II, and implementing rules. Their application depends on the clinic's legal status and services. PHO will comply with applicable requirements, maintain required professional and facility authorization, and provide services within lawful scope and supervision. Agency oversight is not an endorsement or guarantee of your treatment result.

HIPAA and section 456.057 protect applicable health information and medical records. PHO will safeguard your information, document your care and decisions, and honor applicable access, confidential-communication, and complaint rights. Your signature is not a release of negligent care, a waiver of privacy rights, or permission for public marketing. Clinical photographs and special testing or sensitive-record disclosures will be addressed separately when required. PHO will apply any more protective law governing your record or service.

FDA drug-approval, prescribing, and compounding requirements apply to the selected product. A wellness label, patient signature, supplier advertisement, or lower price does not permit an otherwise unlawful drug or compounded copy. PHO will apply current product labeling and relevant federal and state restrictions before ordering or prescribing.

Eligibility and Clinical Requirements

You will need to provide your complete history, medication and allergy list, weight-related goals, relevant measurements, pregnancy or breastfeeding status, eating-disorder history, and prior drug reactions. Tell your provider about personal or family medullary thyroid carcinoma, multiple endocrine neoplasia syndrome type 2 (MEN2), pancreatitis, gallbladder disease, severe gastrointestinal symptoms or delayed stomach emptying, kidney or liver problems, diabetes, diabetic retinopathy, cardiovascular conditions, and planned surgery or anesthesia. The exact contraindications depend on the drug; PHO will not give a drug prohibited by its applicable contraindications.

A weight-loss evaluation can start without baseline labs only when your provider determines that this is safe. You will need to complete any baseline or follow-up tests and visits your provider requires. PHO will explain if missing history, unsafe interactions, pregnancy, severe symptoms, or incomplete monitoring requires deferral, dose adjustment, discontinuation, or

referral. Do not use another GLP-1 product or combine weight-loss medications without your prescriber's authorization.

GLP-1 and Related Medication Risks

Semaglutide, tirzepatide, and related products can cause nausea, vomiting, diarrhea, constipation, abdominal discomfort, reflux, reduced appetite, headache, fatigue, dizziness, or injection-site reactions. Serious problems can include pancreatitis, gallbladder disease, dehydration-related kidney injury, severe gastrointestinal effects, severe allergy, and low blood sugar, particularly with insulin or medicines that increase insulin release. Rapid changes in glucose can affect diabetic eye disease. Delayed stomach emptying can affect oral drug absorption and increase aspiration concerns during anesthesia or deep sedation. Tell your procedural and anesthesia teams what you take; do not independently change or stop therapy for a procedure.

Some products carry a thyroid C-cell tumor warning based on animal findings; the human risk is not established. Semaglutide and tirzepatide products with the relevant warning are contraindicated with personal or family medullary thyroid carcinoma or MEN2. Report a neck mass, swallowing difficulty, or persistent hoarseness for evaluation.

Weight-loss treatment is not appropriate during pregnancy. If pregnancy occurs, stop the weight-loss medication and contact your prescriber promptly for guidance. For planned pregnancy, semaglutide requires discontinuation at least two months beforehand under its labeling; your provider will explain the instructions for your exact product. Tirzepatide can reduce oral hormonal contraceptive effectiveness: use a non-oral method or add a barrier method for four weeks after starting and four weeks after each dose increase, with your clinician's advice.

Seek immediate medical assessment for severe or persistent abdominal pain, repeated vomiting, inability to keep fluids down, very low urine output, severe hypoglycemia symptoms, or concerning visual changes. Call 911 for severe allergy, loss of consciousness, serious breathing difficulty, or another emergency. The list does not replace your product's Medication Guide or individualized emergency instructions.

Dosing, Storage, and Compounded Medication Notice

Do not increase the dose, shorten the dosing interval, repeat a missed dose, or restart after an interruption without the product-specific instructions or prescriber's direction. PHO or your pharmacy will give written instructions identifying drug concentration, prescribed dose, injection volume, the correct syringe or device, and schedule. Milligrams, milliliters, and syringe units are not interchangeable. Do not calculate a dose from another patient's vial, an internet example, or a prior concentration.

Compounded drugs are not FDA-approved, are not automatically equivalent to a branded or approved generic product, and lack FDA premarket review of safety, effectiveness, and quality. A patient-specific need and a lawful compounding basis must be established; current shortage status and federal restrictions on copies matter. Semaglutide sodium or acetate is not the same active ingredient used in approved semaglutide products. PHO will not assume salt-form compounding is lawful. This form does not authorize retatrutide, cagrilintide, research-only products, or another drug that lacks a lawful basis for your use.

Follow the actual label and pharmacy instructions for refrigeration, freezing avoidance, expiration, and disposal. Do not use an injectable GLP-1 shipment that arrives warm or with insufficient refrigeration; contact the pharmacy and PHO. FDA advises discarding compounded semaglutide or tirzepatide multidose vials within 28 days of first use when beyond-use instructions claim longer repeated access. Follow any earlier applicable discard limit and clarify discrepancies before use. Use a new sterile needle and syringe for every injection; never share medication or injection equipment.

Alternatives and Ongoing Care

Your professional will discuss reasonable alternatives, including no medication, nutrition and activity care, behavioral support, an appropriate approved medication, treatment of an underlying condition, or specialist or bariatric evaluation when indicated. Different products have different eligibility, benefits, risks and costs. You have the right to seek another opinion and to decline. Your follow-up plan will address response, dose tolerance, nutritional intake, relevant glucose monitoring, and safe continuation or discontinuation.

Labs, Insurance, and Third-Party Costs

Outside labs, pharmacies, imaging services, and specialists can bill separately. You will need to confirm coverage, network status, authorization requirements, and expected deductibles or uncovered charges with the outside organization and health plan. PHO does not guarantee insurance payment for a medically indicated test or prescription. You are responsible for valid agreed outside charges, subject to legal corrections and remedies.

No Refunds and No Guaranteed Results

PHO's own services are cash-pay. You will need to pay the disclosed consultation fee immediately after your consultation. If you choose a treatment package, the full disclosed price is due at purchase unless PHO approves a written installment agreement requiring at least 50 percent down and specifying the remaining amounts and due dates. A recurring plan requires separate, completed payment authorization; this clinical signature does not authorize recurring billing. PHO will provide applicable Good Faith Estimates and itemized charge information. Outside laboratories, pharmacies, or other providers will have their own billing terms; insurance use for outside services does not mean PHO accepts insurance. You will need to verify coverage and expected outside costs before authorizing those services; coverage is not guaranteed.

PHO does not maintain standing inventory of unassigned patient medications or treatment products for anticipated resale. Relevant evaluation, laboratory review when required, treatment selection, consent, and payment precede your patient-specific order. Your order or invoice will identify the purchase, price, fulfillment terms, and the point at which an authorized order becomes noncancelable. Not every medication is compounded.

PHO's final-sale and no-refund policy is a clinic business policy, not a government rule requiring every healthcare purchase to be nonrefundable. PHO will not voluntarily accept medication or healthcare-product returns or refund an authorized purchase after its disclosed patient-specific order commitment. PHO will not voluntarily refund consultation, assessment, procedure, or treatment services already partially or fully provided. Individual preparation, pharmacy or supplier costs, professional time, shipping, refrigeration, sterility, storage, contamination, tampering, and product integrity can make the incurred costs nonrecoverable. A change of mind, discontinued treatment, missed follow-up, or an undesired result alone does not create a voluntary refund for those authorized costs.

PHO will evaluate prepayments for unprovided services, unused package portions, unavailable products, or canceled future care under the actual written agreement and applicable law; they are not automatically forfeited. PHO will correct established billing errors, unauthorized or duplicate charges, and legally required refunds. Section 456.0625 and section 408.12, where applicable, require qualifying patient overpayments to be refunded within 30 days after determination. Good Faith Estimate remedies and other non-waivable rights remain protected. Report a billing or fulfillment concern promptly; contacting PHO does not eliminate an external dispute right or extend a legal deadline.

You will need to cancel at least 24 hours before your scheduled appointment start. PHO will charge \$25 for cancellation less than 24 hours before that time, including a rescheduling request that cancels the original appointment within that period. If you arrive or connect more than 10 minutes late, PHO will classify the appointment as a no-call/no-show and charge \$20; calling ahead does not extend the arrival limit. Failing to attend without canceling also carries the \$20 no-call/no-show fee. Cancel by calling 561-778-8121 or using the scheduling method specifically identified in your confirmation. Give your name and appointment date and time and retain the message or confirmation. PHO will document receipt and will not impose a patient cancellation or no-show fee for a PHO cancellation or PHO system failure. These scheduling fees do not mean an unperformed treatment was provided. Appointment cancellation does not cancel a separate recurring plan or committed product order.

Weight change depends on your biology, nutrition, activity, sleep, health conditions, medicines, dose tolerance, and follow-up. Weight regain can occur after stopping treatment; your provider will discuss ongoing care. A package or payment does not buy guaranteed eligibility or weight loss.

Patient Acknowledgments and Voluntary Consent

You have the right to ask questions, seek another opinion, decline the proposed treatment, and withdraw consent to future treatment. Tell PHO immediately if you do not want to proceed or do not understand an instruction. Withdrawing consent does not undo care already provided or lawful charges already incurred. If necessary testing, monitoring, or consent is not completed, your professional will explain whether care must be delayed, modified, or stopped and will address appropriate follow-up and continuity of care. PHO will retain the specific completed form, signing date, recorded decisions, and verified representative authority in the appropriate record. You can request a copy. Sign only after the patient-specific information is completed and your questions have been addressed; do not sign a blank authorization.

By signing, you acknowledge the identified medication and plan, dosing and storage instruction requirements, risks and warning symptoms, required monitoring, compounded-drug limitations when applicable, alternatives, and disclosed charges. You voluntarily authorize only that identified weight-management care.

Your Specific Treatment / Instruction Record

PHO will complete these patient-specific details with you, or identify the attached completed clinical plan, before you sign. Unused fields will be identified as not applicable with the appropriate explanation. A blank field is not consent to an unspecified treatment.

Drug(s) / ingredient(s) and exact formulation:	Clinical indication and patient-specific reason:
Dose and route; strength / concentration:	Frequency, duration, and titration plan reference:
Prescriber and source / pharmacy:	Status: approved use / off-label / compounded; basis:
Required labs, monitoring and review dates:	Important product-specific risks, interactions, alternatives and discussion reference:
Use, storage, disposal and missed-dose instructions supplied (title/date):	Patient questions and responses / remaining concerns:

Your signature authorizes only the completed, identified care described in this form.

Patient / authorized representative signature:	Date: _____ Time: _____
Printed name:	Representative relationship and verified authority, if applicable:
Clinician completing treatment discussion / instructions:	Clinician signature and date:

PHO will record the specific form version and signing details. For electronic signing, PHO will retain the identity, date and time, document, recorded decision and applicable representative authority. You can request a copy.