PharmX healthOne.com
Integrated Medical Clinic

PATIENT-READY TREATMENT-SPECIFIC FORM

Emerald Patient Protocol and Program Instructions

Patient instructions - provide to Emerald body-contouring patients

Patient Name (Elation auto-populated or print):		**Date of Birth:**	
Preferred Phone:		**Date of Form:**	

Program Expectations

Emerald treatment is intended to be used with healthy lifestyle habits and PHO's recommended program instructions. Patients are expected to attend scheduled sessions on time, complete recommended follow-up, and communicate any adverse symptoms or barriers to adherence. Missing sessions or failing to follow instructions may reduce the likelihood of desired results.

Hydration and Activity

Maintain hydration as instructed by PHO unless another provider has placed you on fluid restriction. Participate in physical activity only as medically appropriate for your health status. If you have cardiac, orthopedic, neurologic, respiratory, pregnancy-related, or other limitations, follow the advice of your primary or specialty provider. Stop activity and seek care for chest pain, shortness of breath, fainting, severe pain, or urgent symptoms.

Nutrition and Coaching

PHO may provide nutrition or lifestyle recommendations. Health coaching or wellness guidance is educational and supportive and does not replace a registered dietitian, primary care provider, specialist, or treatment for eating disorders unless specifically provided by a licensed qualified professional within scope. The patient is responsible for disclosing diabetes, eating disorder history, pregnancy, food allergies, kidney disease, liver disease, or other dietary restrictions.

Supplement and Add-On Services

Supplements, lymphatic-support services, injections, IV therapy, sauna, massage, or other add-ons may be recommended but are not guaranteed to improve results and may involve separate costs, risks, and consent forms. Patients should not start any supplement or additional service without disclosing medications, allergies, pregnancy status, and medical history.

When to Contact PHO

Contact PHO for non-urgent questions, skin irritation, dizziness, unexpected discomfort, missed sessions, or uncertainty about instructions. Seek emergency care for urgent or severe symptoms.

No Refund Reminder

Emerald program components are patient-specific. Sessions, packages, services, and products are final and non-refundable as described in PHO policy except where required by law or expressly approved in writing.

Patient Acknowledgments

[ ] I received and understand these Emerald program instructions.

[ ] I understand results are not guaranteed and depend on individual factors and adherence.

[ ] I understand add-on services/products may require separate consent and payment.

[ ] I understand sessions/products may be non-refundable under PHO policy.

Patient Signature:		**Date:**	