Elevation Medical Weight Loss

elevationweightloss.com *FAX: (412) 774-1753*

PA Rev. 09/2026

2350 Noblestown Rd. Ste 110 , **Pittsburgh**, PA 15205
241 Three Springs Dr. Ste 12 **Weirton**, WV 26062
1130 Perry Hwy. Ste 9 **Pittsburgh**, PA 15237
5004 Mid Atlantic Dr. **Morgantown**, WV 26508
5301 Grove Rd. Suite 617A **Pittsburgh**, PA 15236
3747 William Penn Hwy. Ste 7, **Monroeville**, PA 15146
6504 Steubenville Pike, **Pittsburgh**, PA 15205
645 Clairton Blvd, Suite #47 **West Mifflin**, PA 15122
95 Trinity Point Dr. **Washington**, PA 15301
2000 Village Run Rd Ste 202, **Wexford**, PA 15090
20325 Rte. 19, **Cranberry Twp.**, PA 16066
1155 Washington Pike, **Bridgeville**, PA 15017
6125 Spirit St., **Pittsburgh**, PA 15206
1720 Washington Rd. Ste E, **Pittsburgh,** PA 15241
312 Beverly Rd., **Pittsburgh**, PA 15216
1597 Washington Pike, **Bridgeville**, PA 15017

Last Name_____First_____ Date of Birth___/___/_____

Address_____City_____State_____Zip_____

Cell Phone Number (_____)_____ Email _____

Name and location of your preferred pharmacy for prescription processing:_____

Past Surgeries:	**Drug allergies:**
Current Medications	☐ I do not wish to receive communication via text message concerning follow-up appointments (opt-out of text msgs)

- Are you interested in getting help to lose weight? ▢ **YES** ▢**NO**
  - Have you tried diet and exercise? ▢ **YES** ▢**NO**
- Have you taken any over-the-counter or prescription diet medications in the past? ▢ **YES** ▢**NO**
  - If yes, please list _____
    - Did you experience any complications or side effects? ▢ **YES** ▢**NO**
- **FEMALES**: Are you using contraception/preventing pregnancy? ▢ **YES** ▢**NO**

How did you hear about us? _____

Has a physician ever diagnosed you with any of the following medical conditions:

Heart Disease (CAD) or Heart Failure	▢ **YES** ▢**NO**	Overactive thyroid or hyperthyroidism	▢ **YES** ▢**NO**
Heart Arrhythmias or syncope	▢ **YES** ▢**NO**	Glaucoma	▢ **YES** ▢**NO**
Blood pressure over 200/100	▢ **YES** ▢**NO**	Anorexia or Bulimia	▢ **YES** ▢**NO**
Stroke, seizure or epilepsy	▢ **YES** ▢**NO**	Substance abuse	▢ **YES** ▢**NO**
Multiple Endocrine Neoplasia II	▢ **YES** ▢**NO**	Medullary Thyroid Cancer	▢ **YES** ▢**NO**

Patient Signature_____ **Date** _____

----------DO NOT WRITE BELOW THIS LINE----------

MEDICAL PROVIDER'S INITIAL EVALUATION NOTES:

⬜ Pt denies CP/SOB/palpitations ⬜ Pt denies personal and family history of medullary thyroid cancer, MENII, DMI and pancreatitis

⬜ Pt denies hx of CAD & seizures

FEMALES: Contraception _____

Vitals: BP_____/_____ P_____ RR_____ Ht_____ Waist_____in. Wt:_____lbs BMI_____

General:_____ CV_____ Resp_____ Goal:_____lbs

Impression: Exogenous obesity

Plan: Recommended restricted calorie Elevation diet and increase exercise

GLP-1 Therapy Assessment & Plan: ☐ FDA-approved GLP-1 considered ☐ Compounded GLP-1 prescribed via licensed compounding pharmacy

Reason: ☐ FDA-approved GLP-1 not appropriate due to access, cost, availability, or patient-specific clinical considerations (e.g., intolerance or need for individualized dosing).

Rx: **Phentermine** HCl 37.5 mg ½ PO BID on an empty stomach **#30**

____ KVK Lot #_____ Expiration Date_____

____ SunPharma (Mutual) Lot #_____ Expiration Date_____

____ Surescripts® ePrescribed Phentermine HCL 37.5mg ½ tab PO BID on an empty stomach **#30 Refill** ____

Rx: **Sermorelin** injection 0.9 mg/mL inject 0.33 mL (33u) SQ QHS for 30 days

Rx: **NAD+** injection 200mg/mL, 5 mL vial; inject 0.25 mL (25u) SQ 3x a week for or inject 0.50 mL (50u) SQ 2x a week for _____ **weeks**

Rx: **Semaglutide** injection 0.2 mg (8u)/0.3 mg (12u)/0.6 mg (24u)/0.8 mg (32u)/1.25 mg (50u) SQ Q weekly for _____ **weeks**

Semaglutide injection (split dosing) 1.5 mg (48 units and then 3 days later 12 units) SQ weekly for _____ **weeks**

Semaglutide injection (split dosing) 2 mg (48 units and then 3 days later 32 units) SQ weekly for _____ **weeks**

Semaglutide injection (split dosing) 2.45 mg (48 units and then 3 days later 50 units) SQ weekly for _____ **weeks**

Rx: **Tirzepatide** injection 2 mg (20u)/3 mg (30u)/6 mg (60u)/8.5 mg (85u) SQ Q weekly for _____ **weeks**

Tirzepatide injection (split dosing) 10 mg (60 units and then 3 days later 40 units) SQ weekly for _____ **weeks**

Tirzepatide injection (split dosing) 12.5 mg (60 units and then 3 days later 60 units) SQ weekly for _____ **weeks**

Tirzepatide injection (split dosing) 15 mg (85 units and then 3 days later 60 units) SQ weekly for _____ **weeks**

⬜ Patient demonstrated competency & proper technique by self-preparing a syringe in office and confidence with self administering injections

____ SQ inj. 25 G to L deltoid/R deltoid/ L gluteal/ R gluteal B12/LipoPlus/Complex/Vit. D

Medical leaflet given_____ Diet instructions given_____Follow up in 1 & 4 weeks or as needed; Patient advised to discard any remaining medication in vial after BUD_____

Provider Signature_____**Date**_____

****Please fill out ALL consents form, since signed consents are not valid until patients elect treatments****

Elevation Medical Weight Loss **CONSENT TO OPT-IN to EMAIL/TEXT/VIDEO COMMUNICATION**

⬜ ⬜ ⬜ **Check these 3 boxes to opt-out of email/text/video calls (DO NOT CONTACT ME)**

1. I acknowledge that the transmission of my personal information by email, phone, texting and/or video conferencing has a number of risks. These include, but are not limited to, the following risks:

- Emails, phone calls/voicemails, and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect emails sent through their company systems.
- Emails, phone calls, voicemails, and texts can be intercepted, altered, forwarded or used without authorization or detection.
- Emails, voicemails, and texts can be used as evidence in court.
- Emails, phone calls, voicemails, and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party

2. Conditions for the use of email and texts: The provider cannot guarantee but will use reasonable means to maintain the security and confidentiality of email, phone, voicemail, and text information sent and received. The provider is not liable for improper disclosure of confidential information that is not caused by the provider's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

- The provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time. The provider will respond to text messages, voicemails, and emails Monday-Thursday during the hours of 9AM-5PM, unless otherwise specified. Voicemails, text messages, and emails will not be answered outside of these hours or on the weekends/holidays.
- Email and texting is not appropriate for urgent or emergency situations. If you experience a mental health emergency, please go to your nearest emergency room and/or call 911.
- Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- Email communication will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
- Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
- The provider is not liable for breaches of confidentiality caused by the client or any third party.
- It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.
- Non-face-to-face evaluation and management of services provided by the provider to a client via telephone is subject to billing if initiated by an established client, or guardian of an established client.

3. Client Acknowledgement and Agreement I acknowledge that I have read and fully understand this consent form.

I understand the risks associated with the communication of cell phones, email and/or texts between my provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that my provider may impose to communicate with me by email or text. By signing this form, I authorize the provider to send text messages to my cell phone regarding scheduling and treatment. I understand that standard text messaging rates will apply to any messages received. I also understand that I or the provider may revoke this permission in writing at any time. I agree not to hold the provider liable for any electronic messaging.

I, PRINT NAME_____, give permission to my provider to contact me by:

⬜ text message: phone # _____

⬜ email _____

⬜ FaceTime: if different phone # from above_____

⬜ skype username_____

⬜ Google Hangouts email/name _____

SIGNATURE: _____DATE_____

The practitioner will take reasonable steps to ensure that all information shared through email is kept private and confidential. However, Elevation Medical Weight Loss, is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct. Patient information is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320 et seq. 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2 Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate any alcohol or drug abuse. INFORMED CONSENT If you consent to the use of email/text messaging, you are responsible for informing your practitioner of any type of information that you do not want sent to you by email/text message other than the information detailed in Section B. You are responsible for protecting your password and access to your email account/ mobile phone and any email/text message you send or you receive from Elevation Medical Weight Loss to ensure your confidentiality. Your practitioner cannot be held liable if there is a breach of confidentiality caused by a breach in your account security. Any email/text message that you send that discusses your diagnosis or treatment constitutes informed consent to this information being transmitted. If you wish to discontinue email/text correspondence, you must submit written consent informing your practitioner that you are withdrawing consent to email/text correspondence.

****Please fill out ALL consents form, since signed consents are not valid until patients elect treatments****

Elevation Medical Weight Loss

STATEMENT OF INFORMED CONSENT FOR USE OF PHENTERMINE

1. I have sought the medical services of Elevation Medical Weight Loss (Elevation) due to my excess weight or obesity. I understand I will need to change my diet, exercise frequency and behaviors to aid in my long-term weight reduction efforts. and have discussed with Elevation the limited success I have had in losing weight by diet and exercise alone. I understand I will be prescribed phentermine, a drug which stimulates the nervous system and seems to act as an appetite suppressant. I understand that the management of my weight will require a lifelong effort, no matter what method of weight reduction I choose. I understand that no drug, by itself, can provide a quick fix for the problem of weight reduction and management.
2. I understand that manufacturers and the FDA have made recommendations concerning the daily dosage and duration of use of phentermine. Although recommended daily dosages may vary somewhat between different brands of phentermine, the most common recommended daily dosages are 30 mg and 37.5 mg per day. I understand that phentermine is recommended as a short term treatment for a period of a "few weeks" which is commonly thought to mean up to twelve (12) weeks. I understand that medical providers are not bound or limited by the recommendations of the manufacturers and the FDA and can prescribe phentermine using their best medical judgment based upon my physical condition and response to the drug, as well as personal experience and other information which may be available to the medical community, I understand that the use of phentermine in a manner differing from that recommended by the manufacturers and the FDA has not been studied systematically or comprehensively. The safety and effectiveness of using phentermine in a manner differing from that recommended by the manufacturers and the FDA is unknown.
3. I understand that one who is overweight or obese has a heightened risk of suffering from high blood pressure, heart disease, diabetes, heart attack, stroke and arthritis (particularly involving the hips, knees and feet) Depression is more common in obese persons than in others. I understand that the risks of incurring these conditions tend to increase as one's obesity increases.
4. I understand that my use of phentermine may expose me to the risks of various conditions, including but not necessarily limited to heart palpitations, tachycardia (rapid heartbeat), elevated blood pressure, nervousness, overstimulation, restlessness, dizziness, insomnia (inability to sleep), euphoria (sense of well-being), dysphoria (sense of unhappiness or depression), tremor, headache, dry mouth, diarrhea, constipation, other gastrointestinal disturbance, medication allergies, impotence, or changes in libido (sex drive). I further understand that my use of phentermine may expose me to the less probable but more serious risk of sustaining primary pulmonary hypertension (PPH), a potentially life-threatening condition.
5. I understand that some scientists and health care providers believe that the use of phentermine may increase the risk of heart disease, including damage to the heart valves, particularly when this drug is used in combination with other medications. As such, I understand that my use of phentermine, as with my use of any other drug, may lead to serious injury or death. I understand the risks set forth above to my satisfaction. I have had an opportunity to ask questions I have concerning these and any other potential risks. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified medical provider.
6. I have, to the best of my knowledge and ability, advised Elevation of my medical history and my family's history of arteriosclerosis, cardiovascular disease, hypertension (high blood pressure, hyperthyroidism or any thyroid problems, use of drugs and other substances, diabetes, heart attack, heart disease, respiratory problems, pregnancy, glaucoma. I have also advised Elevation of my history regarding any psychiatric or mental disorders, prior use of any diet drugs, including over-the-counter products, treatment for any eating disorders, and treatment for substance abuse.
7. I understand that if I begin to experience any unusual or unexpected symptoms at any time after I begin using phentermine**, I should immediately contact my doctor.** Unusual symptoms may include, but are not limited to, *shortness of breath, edema (swelling of hands, legs or feet, heart palpitations or tachycardia (rapid heartbeat), nervousness, restlessness, insomnia, tremor, rapid breathing or respiration, or inability to tolerate exercise or activity.* I understand that I may seek help from another qualified medical provider or go to a hospital emergency room.
8. I understand that phentermine is a Category X medicine and can potentially cause fetal birth defects and/or miscarriages should I become pregnant. Therefore, **I will not actively attempt to conceive while taking this medication**. I understand that I should use a method of contraception, (either condoms, birth control, IUD, etc.) while taking this medication. Furthermore, I understand that should I become pregnant, I must discontinue the phentermine immediately and inform my doctor.
9. **I understand that I should use phentermine in the manner prescribed by the doctor and not provide this medication to any other person. I understand that I should not increase my dosage of phentermine or use it with any other drug or substance without the recommendation of my doctor . Serious injury or death can result from improper use of medications and/or the illegal transfer of medications to another individual.** I understand that I may decline to begin treatment using phentermine. I also understand that I may stop using phentermine at any time in the future, but should notify my doctor before doing so.
10. I recognize that it is safer to diet alone. I am requesting medication to help control my appetite. I assume responsibility for taking my diet medications and waive Elevation Medical Weight Loss of any liability. My health has been good and I will advise Elevation Medical Weight Loss should my health change.

I have read and understand this consent form. I have had the opportunity to ask questions concerning this consent form and the medications to be prescribed for me. Any questions I have asked have been answered to my satisfaction. I understand that I should not sign this consent form unless I understand its contents, as well as the risks and benefits associated with the treatment proposed by Elevation Medical Weight Loss. I agree to release the medical provider(s) and facility from any liability associated with phentermine treatment. In the event a dispute arises over the outcome of this treatment, I consent solely to arbitration as a legal means of settlement.

*****Payment is due at the time services are rendered. According to FDA Policy Sec. 460.300, I acknowledge that I cannot return or receive refunds for medications and/or injections regardless of effectiveness or possible adverse reactions.*****

All service fees paid are FINAL

Patient signature_____Date_____

****Please fill out ALL consents form, since signed consents are not valid until patients elect treatments****

Elevation Medical Weight Loss

STATEMENT OF INFORMED CONSENT FOR USE OF SERMORELIN

1. I have sought the medical services of Elevation Medical Weight Loss due to my excess weight or obesity. I have discussed the limited success I have had in losing weight by diet and exercise alone. I understand I will be prescribed medications. The medication may include Sermorelin (a medication that promotes the secretion of human growth hormone).
2. I understand I will need to change my diet, exercise frequency and behaviors to aid in my long-term weight reduction efforts. I understand that the management of my weight will require a lifelong effort, no matter what method of weight reduction I choose. I understand that no drug can provide a quick fix for the problem of weight reduction and management.
3. I understand that the use of Sermorelin in a manner differing from that recommended by the manufacturers and approved by the FDA has not been studied systematically or comprehensively. The safety and effectiveness of using Sermorelin in a manner differing from that recommended by the manufacturers and the FDA is unknown. I understand that one who is overweight or obese has a heightened risk of suffering from high blood pressure, heart disease, diabetes, heart attack, stroke and arthritis (particularly involving the hips, knees and feet). Depression is more common in obese persons than in others. I understand that the risks of incurring these conditions tend to increase as one's obesity increases.
4. Prior to my treatment, I have fully disclosed any medical conditions or diseases such as pregnancy, trying to get pregnant, breastfeeding, history of gallbladder disease, diabetes, autoimmune diseases, HIV, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorders, anemia, thalassemia, hemophilia, etc), emphysema or asthma, and any history of stroke or cancer. These contraindications have been fully discussed with me. If I fail to disclose any medical condition that I have, I release the medical provider(s) and facility from any liability associated with this treatment.
5. I recognize that it is safer to diet alone. I am requesting medications to assist me in my weight loss goals. I assume responsibility for taking my medications and waive Elevation Medical Weight Loss of any liability. My health has been good. I will advise Elevation Medical Weight Loss should my health change.
6. I understand Sermorelin is not FDA approved for weight loss and this application may be considered as "off-label use". I understand there is no medical evidence to support the use of Sermorelin for this purpose. I further understand that Sermorelin has not been approved by the FDA as safe and effective in the treatment of obesity or weight control. There is no substantial evidence that Sermorelin 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-restrictive diets.
7. I understand that Sermorelin may cause pain and swelling at the injection site. I understand that, rarely, Sermorelin may cause flushing, dizziness, headache, sleepiness, nausea, vomiting, or hyperactivity. I agree to notify Elevation immediately if the following rare side effects occur: trouble swallowing, chest tightening, or vomiting. I further understand that allergies to Sermorelin are very unlikely, but can include rash, swelling, trouble breathing, and dizziness.
8. I understand that I may stop this program at any time. While adverse side effects or complications are not expected, in the event an illness does occur, I understand that I need to contact Elevation Medical Weight Loss, immediately. If I experience an emergency situation, I understand that I need to go to the emergency room. I understand the risks set forth above to my satisfaction. I have had an opportunity to ask questions I have concerning these and any other potential risks. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified medical provider.

I have read and understand this consent form. I have had the opportunity to ask questions concerning this consent form and the medications to be prescribed for me. Any questions I have asked have been answered to my satisfaction. I understand that I should not sign this consent form unless I understand its contents, as well as the risks and benefits associated with the treatment proposed by Elevation Medical Weight Loss. I agree to release the medical provider(s) and facility from any liability associated with Sermorelin treatment. In the event a dispute arises over the outcome of this treatment, I consent solely to arbitration as a legal means of settlement.

*****Payment is due at the time services are rendered. According to FDA Policy Sec. 460.300, I acknowledge that I cannot return or receive refunds for medications and/or injections once the medications/injections leave the office regardless of effectiveness or possible adverse reactions.*****

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Patient signature_____Date_____

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Elevation Medical Weight Loss

STATEMENT OF INFORMED CONSENT FOR USE OF NAD+

1. I have sought the medical services of Elevation Medical Weight Loss to support my health and wellness goals. I understand that weight management may require ongoing lifestyle changes, including appropriate nutrition, physical activity, and behavioral changes. I understand that medications or other therapies may be recommended when clinically appropriate. The medication may include NAD+ (nicotinamide adenine dinucleotide) is a naturally occurring molecule involved in cellular energy metabolism and other biological processes.
2. I understand that NAD+ injections may be offered for wellness, age management, or other purposes determined appropriate by my healthcare provider.
3. I understand NAD+ injections are not FDA-approved to treat, cure, or prevent a specific disease or medical condition. I understand that the potential benefits are not guaranteed and that individual results may vary.
4. I understand the potential risks and side effects of NAD+ injections, which may include injection-site pain, redness, swelling or bruising, nausea, headache, dizziness, flushing, fatigue, changes in heart rate or blood pressure, allergic reactions, infection, and other unexpected effects.
5. I understand that research regarding NAD+ therapy is ongoing. NAD+ is not a substitute for an FDA-approved medication when one is clinically indicated. I have had the opportunity to ask questions, understand the potential benefits, risks, and alternatives, and voluntarily consent to NAD+ injection therapy.
6. Prior to my treatment, I have provided my healthcare provider with accurate and complete information regarding my medical history, medications, allergies, pregnancy or breastfeeding status, and other relevant health conditions. I understand that withholding or providing inaccurate medical information may increase my risk of complications. I agree to notify Elevation Medical Weight Loss if my health status changes or if I develop new medical conditions. If I fail to disclose any medical condition that I have, I release the medical provider(s) and facility from any liability associated with this treatment.
7. I understand that alternatives may include no treatment, lifestyle modification, or other FDA-approved or medically appropriate treatments when indicated. I understand that NAD+ injections are not a substitute for an FDA-approved medication when one is clinically indicated.
8. I understand NAD+ is not FDA approved for weight loss and this application may be considered as “off-label use”. I understand there is no medical evidence to support the use of NAD+ for this purpose. I further understand that NAD+ has not been approved by the FDA as safe and effective in the treatment of obesity or weight control. There is no substantial evidence that NAD+ 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-restrictive diets.
9. I understand that I may stop this program at any time. While adverse side effects or complications are not expected, in the event an illness does occur, I understand that I need to contact Elevation Medical Weight Loss, immediately. If I experience an emergency situation, I understand that I need to go to the emergency room or call 911. I understand the risks set forth above to my satisfaction. I have had an opportunity to ask questions I have concerning these and any other potential risks. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified medical provider.

I have read and understand this consent form. I have had the opportunity to ask questions concerning this consent form and the medications to be prescribed for me. Any questions I have asked have been answered to my satisfaction. I understand that I should not sign this consent form unless I understand its contents, as well as the risks and benefits associated with the treatment proposed by Elevation Medical Weight Loss. I agree to release the medical provider(s) and facility from any liability associated with NAD+ treatment. In the event a dispute arises over the outcome of this treatment, I consent solely to arbitration as a legal means of settlement.

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Patient signature_____Date_____

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Elevation Medical Weight Loss

STATEMENT OF INFORMED CONSENT FOR USE OF SEMAGLUTIDE/ TIRZEPATIDE

1. I have sought the medical services of Elevation Medical Weight Loss due to my excess weight or obesity. I have discussed the limited success I have had in losing weight by diet and exercise alone. I understand I will be prescribed medications. These medications may include Semaglutide or Tirzepatide.
2. I understand I will need to change my diet, exercise frequency and behaviors to aid in my long-term weight reduction efforts. I understand that the management of my weight will require a lifelong effort, no matter what method of weight reduction I choose. I understand that no drug can provide a quick fix for the problem of weight reduction and management.
3. Prior to my treatment, I have fully disclosed any medical conditions or diseases such as pregnancy, trying to get pregnant, breastfeeding, history of gallbladder disease, diabetes, autoimmune diseases, HIV, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorders, anemia, thalassemia, hemophilia, etc), emphysema or asthma, any history of stroke or cancer, multiple endocrine neoplasia Type II, or medullary thyroid carcinoma. These contraindications have been fully discussed with me. If I fail to disclose any medical condition that I have, I release the medical provider(s) and facility from any liability associated with this treatment.
4. I understand that one who is overweight or obese has a heightened risk of suffering from high blood pressure, heart disease, diabetes, heart attack, stroke and arthritis (particularly involving the hips, knees and feet) Depression is more common in obese persons than in others. I understand that the risks of incurring these conditions tend to increase as one's obesity increases.
5. I understand that Semaglutide is 94% similar to natural human glucagon-like peptide 1 (GLP-1). Tirzepatide is the first dual GIP/GLP-1 receptor co-agonist. These compounds act as a physiological regulator of appetite and thereby reducing food intake by reducing feelings of hunger and increasing feelings of fullness/satiety. For long term success the treatment needs to be combined with lifestyle changes including nutritional, exercise and behavioral habits.
6. I understand that my use of Semaglutide/Tirzepatide may expose me to the risks of various conditions, including but not necessarily limited to hypoglycemia/low blood sugar (glucose ≤70 mg/dL), fast heart rate, sweating, shakiness, intense hunger, reduced appetite, or confusion, nervousness, overstimulation, restlessness, dizziness, insomnia (inability to sleep), euphoria (sense of well-being), dysphoria (sense of unhappiness or depression), tremor, headache, dry mouth, nausea, vomiting, diarrhea, constipation, flatulence, belching, bloating, abdominal discomfort, other gastrointestinal disturbance, medication allergies, impotence, or changes in libido (sex drive). I further understand that my use of Semaglutide/Tirzepatide may expose me to the less probable but more serious risk of potential pancreatitis, cholelithiasis and cholecystitis (gallstone and gallbladder disease), thyroid disease, heart rate increase or decrease, intestinal obstruction (ileus), non-arteritic anterior ischemic optic neuropathy (NAION) a condition which can cause permanent blindness, and dehydration. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified provider.
7. I understand that if I begin to experience any unusual or unexpected symptoms at any time after I begin using Semaglutide/Tirzepatide**, I should immediately contact my doctor.** Unusual symptoms may include, but are not limited to, *shortness of breath, edema (swelling of hands, legs or feet, heart palpitations or tachycardia (rapid heartbeat), nervousness, restlessness, insomnia, tremor, rapid breathing or respiration, or inability to tolerate exercise or activity.* I understand that I may seek help from another qualified medical provider or go to a hospital emergency room.
8. **I understand that I should use Semaglutide/Tirzepatide in the manner prescribed by the doctor and not provide this medication to any other person. I understand that I should not increase my dosage of Semaglutide/Tirzepatide or use it with any other drug or substance without the recommendation of my doctor . Serious injury or death can result from improper use of medications and/or the illegal transfer of medications to another individual.** I understand that I may decline to begin treatment using Semaglutide/Tirzepatide. I also understand that I may stop using Semaglutide/Tirzepatide at any time in the future, but should notify my doctor before doing so.
9. I recognize that it is safer to diet alone. I am requesting medication to help control my appetite. I assume responsibility for taking compounded GLP injections and waive Elevation Medical Weight Loss of any liability. My health has been good and I will advise Elevation Medical Weight Loss should my health change.
10. I understand that I may stop this program at any time. While adverse side effects or complications are not expected, in the event an illness does occur, I understand that I need to contact Elevation Medical Weight Loss, immediately. If I experience an emergency situation, I understand that I need to go to the emergency room. I understand the risks set forth above to my satisfaction. I have had an opportunity to ask questions I have concerning these and any other potential risks. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified medical provider.

I have read and understand this consent form. I have had the opportunity to ask questions concerning this consent form and the medications to be prescribed for me. Any questions I have asked have been answered to my satisfaction. I understand that I should not sign this consent form unless I understand its contents, as well as the risks and benefits associated with the treatment proposed by Elevation Medical Weight Loss. I agree to release the medical provider(s) and facility from any liability associated with Semaglutide/Tirzepatide treatment. In the event a dispute arises over the outcome of this treatment, I consent solely to arbitration as a legal means of settlement.

*****Payment is due at the time services are rendered. According to FDA Policy Sec. 460.300,**
I acknowledge that I cannot return or receive refunds for medications and/or injections regardless of effectiveness or possible adverse reactions. This includes any injections that are paid for and left at the office for administering. NO CREDIT/NO REFUNDS***

All service fees paid are FINAL

Patient signature_____Date_____

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Elevation Medical Weight Loss

2350 Noblestown Rd. Ste 110 **Pittsburgh**, PA 15205 。(412) 458-5042
241 Three Springs Dr. Ste 12 **Weirton**, WV 26062 。(304) 914-3112
1130 Perry Hwy. Ste 9 **Pittsburgh**, PA 15237 。(412) 847-8083
5004 Mid Atlantic Dr. **Morgantown**, WV 26508。(304) 777-2640
5301 Grove Rd. Suite 617A **Pittsburgh**, PA 15236 。(412) 819-4614
3747 William Penn Hwy. Ste 7. **Monroeville**, PA 15146 。(412) 646-2134
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Vitamin B-12 Injection Consent Form

NAME_____DOB_____

EMAIL_____PHONE_____

FULL ADDRESS_____

Emergency Contact_____PHONE_____

Had adverse side effects to any vitamins? If yes, please clarify_____	▢ **YES**	▢**NO**
Allergic to any medication? If yes, **Please list:**	▢ **YES**	▢**NO**

I am requesting a B-vitamin, and/or amino acid injection in the muscle. This injection may also contain any of the Vitamin B, Methionine, Inositol, Choline, L-Carnitine, or other amino acids.

I understand that I am receiving a nutrient/vitamin injection. Most side effects are mild or moderate in nature, and their duration is short lasting (several hours, but very rarely up to 5 days). The most common side effects include, but are not limited to, temporary injection site reactions like: pain/tenderness, firmness, redness, swelling, bruising, swelling, lumps/bumps, itching, discoloration, and tingling. As with all injections, there are risks such as infection, scarring, skin atrophy, and neuropathy. I agree to release Elevation Medical Weight Loss and the medical provider(s) from any liability arising from injection therapy.

*****Payment is due at the time services are rendered. According to FDA Policy Sec. 460.300, I acknowledge that I cannot return or receive refunds for medications and/or injections regardless of effectiveness or possible adverse reactions. This includes any injections that are paid for and left at the office for administering. NO CREDIT /NO REFUNDS*****

All service fees paid are FINAL

PATIENT SIGNATURE_____DATE_____

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Elevation Medical Weight Loss

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PROGRAMS & SERVICE FEES

Oral Diet Medications: 30 days $90 60 days $150

Phentermine 37.5 mg, chromium, and ½ tab a week, as needed, water pill.
If in West Virginia your Phentermine 37.5 mg will be ePrescribed to your preferred pharmacy in West Virginia you are then responsible for the cost of medication at your preferred pharmacy.

Sermorelin Age-Management Daily Shots: 30 days $235

Sermorelin age-management injections that you give to yourself before going to bed. Should be kept in the refrigerator.

NAD+ Shots: $250/vial

NAD+ (nicotinamide adenine dinucleotide) is a molecule naturally found in every cell of your body. It helps your cells produce energy, support cellular repair, and maintain healthy function. NAD+ levels naturally decline with age. Supporting NAD+ levels may help promote healthy aging, energy production, cellular health, and overall wellness.

It's recommended to start with 25 units three times per week. After at least 3 months of therapy, patients and their provider can discuss whether to continue at 25 units three times per week or adjust the regimen to 50 units twice per week, based on individual goals and response to treatment. Should be kept in the refrigerator.

Semaglutide Once Weekly Peptide Diet Shots

Semaglutide is a single agonist weekly peptide diet injection. You have to be on a dose for at least 4 weeks consecutively before being eligible to increase to the next dose. *If you miss 14 consecutive days, without an injection, you will need to restart at the starting dose.*

What is Semaglutide?

- **Semaglutide** has been around for many years to help diabetic patients control their blood sugar levels. This injection was also found to reduce weight. Since diabetic patients started losing weight on **Semaglutide**, it was studied to be used as a long-term weight-loss injectable medication.
- **Semaglutide** is 94% similar to natural human glucagon-like peptide 1 (GLP-1), which decreases blood sugar levels in a glucose-dependent manner by enhancing the secretion of insulin. GLP-1 acts as a physiological regulator of appetite and thereby **reducing food intake by reducing feelings of hunger and increasing feelings of fullness/satiety.**
- Please be advised that Semaglutide is dose-dependent upon the duration of use; meaning the longer you use it, the higher your dose may be.

Tirzepatide Once Weekly Peptide Diet Shots

Tirzepatide is a dual agonist weekly peptide diet injection. Clinical studies demonstrated a 50% increase in body weight reduction in Tirzepatide vs. Semaglutide in a 52 week period with similar side effects. You have to be on a dose for at least 4 weeks consecutively before being eligible to increase to the next dose. *If you miss 14 consecutive days, without an injection, you will need to restart at the starting dose.*

What is Tirzepatide?

- **Tirzepatide** is the first dual GIP/GLP-1 receptor co-agonist, **Tirzepatide is stronger** in controlling blood sugar levels and acts as a **potent appetite suppressant by reducing food intake and feelings of hunger while increasing satiety.**
- Phase III studies for long-term weight-loss demonstrated that Tirzepatide has a **22.5% reduction** in body weight with similar side effects, compared to 15% body weight reduction by that of Semaglutide.
- Please be advised that Tirzepatide is dose-dependent upon the duration of use; meaning the longer you use it, the higher your dose may be and the **more effective** Tirzepatide will be. .

Patients who have a history or diagnosis of medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2 (MEN II) are not eligible to receive Semaglutide/Tizepatide. Semaglutide/Tirzepatide can be used in conjunction with Vitamin injection, Phentermine and/or Sermorelin for the best results. If you have any questions or concerns, please reach out to us at hello@elevationweightloss.com or contact us by phone (412) 458-5042

Semaglutide, Tirzepatide and NAD+ will be ordered for you and sent to your home address which can take 5-10 business days. The pharmacy is unable to mail to PO BOXes and if the patient is unable to receive medication deliveries at their personal residence, the clinic/office may accept packages on their behalf. Packages will be accepted/delivered to the clinic/office and held for patient pick-up. EMWL is not responsible for missing, undelivered or lost deliveries/packages.

Semaglutide 2.5 mg/mL in 0.5 mL, 1 mL, 2 mL, 3 mL vials				**Single Injection**
DRUG NAME, DOSAGE & Vial	**Units injected weekly**	**Total weeks of treatment in the vial(s)**	**Service Fees**	**Service Fees for single injection**
Semaglutide 0.2 mg/week from one 0.5 mL vial	**8 units/week**	5 weeks of initial incremental increase doses	$265	$70
Semaglutide 0.3 mg/week from one 0.5 mL vial	**12 units/week**	4 weeks supply	$265	$70
Semaglutide 0.6 mg/week from one 1 mL vial	**24 units/week**	4 weeks supply	$295	$75
Semaglutide 0.8 mg/week from one 2 mL vial	**32 units/week**	6 weeks supply	$350	$85
Semaglutide 1.25 mg/week from one 2 mL vial	**50 units/week**	4 weeks supply	$375	$95
Semaglutide 1.5 mg/week from one 3 mL vial	**SPLIT: 48 units on Mon. 12 units on Thurs**	5 weeks supply	$395	$110
Semaglutide 2 mg/week from two 2 mL vial	**SPLIT: 48 units on Mon. 32 units on Thurs**	5 weeks supply	$425	$125
Semaglutide 2.45 mg/week from two 2 mL vial	**SPLIT: 48 units on Mon. 50 units on Thurs**	4 weeks supply	$450	$135

Tirzepatide 10 mg/mL in 1 mL, 2 mL, 3 mL, 5 mL vials				**Single Injection**
DRUG NAME, DOSAGE & Vial	**Units injected weekly**	**Total weeks of treatment in the vial(s)**	**Service Fees**	**Service Fees for single injection**
Tirzepatide 2 mg/week from one 1 mL vial	**20 units/week**	5 weeks of initial incremental increase doses	$375	$85
Tirzepatide 3 mg/week from one 2 mL vial	**30 units/week**	6 weeks of incremental increase doses	$425	$90
Tirzepatide 6 mg/week from one 3 mL vial	**60 units/week**	5 weeks supply	$475	$100
Tirzepatide 8.5 mg/week from TWO 2 mL vial	**85 units/week**	4 weeks supply	$525	$115
Tirzepatide 10 mg/week from TWO 2 mL vial	**SPLIT: 60 units on Mon. 40 units on Thurs**	4 weeks supply	$550	$135
Tirzepatide 12.5 mg/week from one 5 mL vial	**SPLIT: 60 units on Mon. 60 units on Thurs**	4 weeks supply	$595	$145
Tirzepatide 15 mg/week from TWO 3 mL vial	**SPLIT: 85 units on Mon. 60 units on Thurs**	4 weeks supply	$625	$160

FAQ:

“Why does the pricing increase as the dose goes up?”
We understand many patients have questions about why pricing changes as doses increase, and we always want to be transparent about it.

Both Semaglutide and Tirzepatide treatment plans are customized to each patient and are typically started at lower doses before gradually increasing over time. This slow increase helps your body adjust comfortably, minimizes side effects, and improves long-term success with weight loss.

As the dose increases, more medication is required, along with larger vial sizes, additional supplies, pharmacy preparation, refrigerated overnight shipping, and continued provider monitoring to make sure your treatment stays safe and effective. Because of this, pricing increases gradually with higher doses.

Our pricing is designed to be all-inclusive, so it covers:
• Your provider visits and follow-up care
• Medication ordering and coordination
• Injection and dosing guidance
• Syringes and supplies
• Overnight refrigerated shipping directly to your home
• Ongoing support from our team throughout your program

We are committed to making the process as simple, supportive, and effective as possible while helping each patient achieve healthy and sustainable results.

“Why can’t everyone stay on the lower-priced starting doses?”

The starting doses of Semaglutide and Tirzepatide are designed mainly to help your body adjust to the medication comfortably and safely. While some patients do very well on lower doses, many eventually need a higher dose over time to continue seeing steady weight loss results and appetite control.

Weight loss treatment is very individualized. Some patients are more sensitive to the medication and may stay on lower doses longer, while others may require gradual increases to help overcome plateaus and maintain progress. Our providers carefully adjust dosing based on your response, goals, side effects, and overall treatment success — not just a “one-size-fits-all” approach.

Our goal is always to keep patients on the lowest effective dose while still helping them achieve safe, healthy, and sustainable results.

“Why do some patients need higher doses?”

Everyone’s body responds differently to Semaglutide and Tirzepatide. Some patients do great on lower doses for a long time, while others may notice their weight loss slowing down or their hunger coming back after a while. When that happens, the provider may slowly increase the dose to help keep the medication working effectively.

The good news is that dose increases are done gradually and carefully to help your body adjust comfortably while continuing to support your weight loss goals. Our team always tries to keep patients on the lowest dose that works well for them.

“Does a higher dose mean the medication is stronger or more dangerous?”

Not at all. Higher doses are a normal part of treatment for many patients and simply mean your body may need a little more medication to continue getting the same appetite control and weight loss benefits.

Your dose is increased slowly and carefully over time to help minimize side effects and keep the process safe and comfortable. Some patients stay on low doses, while others do better on higher doses — every patient is different, and our providers tailor the treatment plan to what works best for you.

“Can I start on the highest dose right away if I’m resistant to many medications?”

We understand why some patients ask this, especially if they feel they typically need stronger medications to see results. However, Semaglutide and Tirzepatide must still be started carefully and gradually for safety reasons.

Starting too high too quickly can significantly increase the risk of nausea, vomiting, stomach pain, dehydration, and other uncomfortable side effects. Even patients who are “resistant” to other medications can still respond very strongly to these treatments.

Our providers may adjust your treatment plan differently based on your history and goals, but we still focus on increasing doses safely and steadily to help your body tolerate the medication comfortably while achieving the best long-term results.

“Will I lose weight faster if I go up in dose faster?”

Not necessarily. Increasing the dose too quickly does not always mean faster or better weight loss. In fact, moving up too fast can sometimes lead to stronger side effects that make it harder to stay consistent with treatment.

The best results usually happen when the medication is increased gradually, giving your body time to adjust comfortably while building healthy and sustainable habits along the way.

“Why do some patients stay on the same dose for months?”

If a patient is losing weight consistently, feeling good, and controlling their appetite well, there may not be a reason to increase the dose right away. Many patients continue doing very well on lower or mid-range doses for long periods of time.

Our providers adjust dosing based on how your body responds — not just by automatically increasing everyone to the highest dose. The goal is to find the dose that works best for you while keeping treatment effective and comfortable.

“Why do some patients have more side effects than others?”

Every patient’s body reacts differently to Semaglutide and Tirzepatide. Some people have little to no side effects, while others may experience nausea, bloating, constipation, fatigue, or decreased appetite more strongly during the adjustment period.

This is one reason why doses are increased gradually and individualized for each patient. Our goal is always to help patients lose weight safely while keeping side effects as manageable as possible.

“Can I skip doses or stop and restart later?”
It’s important to take your medication consistently as instructed for the best results. Frequently skipping doses or stopping and restarting can increase side effects and make the medication less effective for appetite control and weight loss.

If you miss doses or take a break from treatment, your provider may need to restart you at a lower dose again to help your body readjust safely.

“Why do I still need to eat healthy and stay active while on treatment?”
Semaglutide and Tirzepatide are powerful tools to help reduce hunger and support weight loss, but healthy habits still play a huge role in long-term success. Patients who focus on protein intake, hydration, movement, sleep, and healthier food choices often see the best and most sustainable results.

The medication is meant to work together with lifestyle changes — not replace them completely.

Thank you so much for taking the time to read through our FAQ and making it all the way to the end! We know starting a weight loss journey can come with a lot of questions, and we truly appreciate the trust you place in our team.
Our goal is always to make your experience as supportive, comfortable, and successful as possible. We look forward to being part of your journey and helping you reach your goals every step of the way. ❤️

Elevation Medical Weight Loss
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Male Testosterone Replacement Therapy (TRT) & SERVICE FEE

Testosterone Cypionate Injections supplies included along with oral Anastrozole (estrogen blocker). Blood work is needed to initiate therapy and repeat labs are obtained at 3 months, 6 months, and annually. Your testosterone injections and Anastrozole will be ePrescribed to your preferred pharmacy in West Virginia or Pennsylvania you are then responsible for the cost of medication at your preferred pharmacy.

1 month supply $150

Vitamin Injections & Service Fee

Vitamin B12 Shot **$8/week**

1,000 mcg of B12 to help boost metabolism, improve mood, cognition, and digestion.

Fat Burner (Lipo-Plus) Shot **$15/week**

1,000 mcg of B12, Methionine, Inositol, Choline (MIC), B5, B6, L-Arginine and L-Carnitine which helps increase blood flow, reduce inflammation, and target fat loss. MIC formula facilitates the conversion of food into energy and prevents fatty deposits in the liver for the removal of fat.

Lipo-Plus with B12 Combo Shot **$23/week**

The above two vitamin injections combined into one single shot.

Super B-Complex with B12 Shot **$23/week**

Contains your B vitamins for overall energy and well-being. The injection is for combating fatigue and plateauing of weight loss.

Vitamin D3 (Cholecalciferol) Shot **$15/week**

25,000 IU of D3 which is important for bone, muscle strength, and immune function. Can aid in weight management, help prevent depression, inflammatory disease, and heart disorders.

Vitamin Injection Packages

	Vitamin B-12	Lipo-Plus or Vit. D	Lipo-Plus w/Extra B-12 or B-Complex w/B-12
4 weeks	**$30** Regular price: $32 7% OFF	**$50** ****4 total shots above**** to be used in 4 weeks or 8 wks Regular price: $60 16% OFF	**$75** Regular price: $92 19% OFF
8 weeks	**$55** Regular price: $64 14% OFF	**$95** ****8 total shots above**** to be used in 4 weeks or 8 wks Regular price: $120 20% OFF	**$145** Regular price: $184 25% OFF
16 weeks	**$100** Regular price: $128 25% OFF	**$180** ****16 total shots above**** to be used in 16 weeks or 8 wks Regular price: $240 25% OFF	**$245** **(BEST VALUE)** Regular price: $368 **33% OFF**

Injections can not be taken home unless a vial is being dispensed to you by a pharmacy.
$100 for one 10mL B12 vial
$130 for one 10mL Lipo+ vial

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Information on Sermorelin Injections

The benefits of Sermorelin

1. Increased structural integrity of bones with improved calcium retention	2. Improved quality of sleep predicated by increase REM sleep
3. Boosted immune health	4. Higher levels of stamina
5. Improved muscle strength	6. Thicker, fuller hair
7. Enhanced emotional health with increased vitality & energy	8. Improved cardiac function
9. Speedier physical rehabilitation from surgery & injury	10. Increased metabolism which burns fat
11. Smoother, tighter skin	12. Increased muscle mass
13. Enhanced libido & restored sexual ability	14. Improved cognition
15. Enhanced renal function	16. Improve exercise & training recovery

Important Medication Information: *Compounded medications are not FDA-approved. The FDA does not review compounded medications for safety, effectiveness, or quality before they are dispensed or used. NAD+ and Sermorelin are not FDA-approved for the wellness or age-management uses described in this program. Individual responses to treatment may vary. Treatment recommendations are individualized and should be followed only as directed by your healthcare provider.*

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Botox Cosmetic Injections Info

	Price Per Unit
1-100 units	**$13/unit**
> 100 units	**$11/unit** *Can be shared with 1 other person or stay on your chart as Botox credit*
> 200 units	**$10/unit** *Can be shared with 1 other person or stay on your chart as Botox credit*

How many units of Botox are typically used?

	# Units	Range of Costs (every 3 months)
Glabella (frown lines between the brows)	**20-25 units** *Men typically require more*	**$260-$325** **100-u PACKAGE price $220-$275** **200-u PACKAGE price $200-$250**
Forehead lines	**10-20 units** *Men typically require more*	**$130-$260** **100-u PACKAGE price $110-$220** **200-u PACKAGE price $100-$200**
Crow's Feet (on the sides of the eyes)	**10-30 units** *Men typically require more*	**$130-$390** **100-u PACKAGE price $110-$330** **200-u PACKAGE price $100-$300**

**Units of Botox vary from person to person. Some patients have larger facial muscles than others and will require more Botox to get the same effect and longevity of results. Men tend to have larger and stronger facial muscles than women and men almost always require more Botox. Some patients will metabolize their Botox faster than others and will require more Botox units. Some patients are very sensitive to Botox and will require fewer Botox units for the same desired effect. The right amount of Botox for you takes some trial and error between you and your injector. We charge per unit as everyone wants different results and responds differently, therefore botox touch-ups will incur additional costs.

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Weight Loss Program Policy

Weight Loss Patient Requirements

- Our goal at Elevation Medical Weight Loss is to provide accessible medical weight loss services to individuals who are interested in living a healthier lifestyle. We achieve this goal by encouraging lifestyle modification such as selecting healthier food options and increasing physical activity. We provide prescription appetite suppressants as well as vitamin and diet shots therapies. Our staff customize the best approach for each individual to maximize weight loss while you feel your best doing so. We require that you comply with the prescribed regimen and make active efforts to minimize setbacks.

BMI goals

- Generally, our minimum Body Mass Index, BMI, for appetite suppressants (phentermine) is 27 or higher with at least one comorbidity or 30 without comorbidities. Mostly everyone can benefit from the B-12 or other injection therapies for weight loss or weight management. Although the minimum BMI to receive treatment for the appetite suppressant medication is 27 or higher with at least one comorbidity or 30 without comorbidities; it is up to the physician, physician assistants, or nurse practitioners discretion to prescribe phentermine for individuals who fall above or below this value.

Maximum limit on Medication

To ensure patient success, patients will be limited to a 1 month supply of medication. This is to avoid long lengths of time without getting a chance for reevaluation. For most individuals, it is difficult to determine a regimen and plan for success without returning visits and consistent monitoring. This limit will also help reduce tolerance to the medication. This medication is meant for short term use roughly 12 weeks of therapy.

INFORMATION ON DIET MEDICATIONS & SHOTS

Phentermine HCl acts as an appetite suppressant. Phentermine is a stimulant that acts on the central nervous system to decrease appetite and also increase energy level to burn more calories. Phentermine is also known as Adipex, or Adipex-P, the brand name with the same active drug.

Furosemide is also known as Lasix, a prescription diuretic. Diuretics are "water pills" that eliminate salt and water from your body by urinary excretion. Furosemide is used to treat high blood pressure and certain heart conditions. We prescribe furosemide in small doses to manage swelling, bloating, or excess water retention (edema) that is sometimes associated with a new diet and exercise program.

Chromium picolinate is a natural occurring mineral and a nutrient that has been shown to stabilize glucose (blood sugar) level and fat metabolism, as well as controlling high blood pressure and cholesterol level. Chromium picolinate reduces carbohydrate cravings, such as sweets. Chromium also has an appetite reducing effect which may lead to weight loss.

Sermorelin is a Growth Hormone-Releasing Hormone (GHRH) analog that increases your body's potential to produce more natural Human Growth Hormone (HGH). This will slow the aging process while increasing lean muscle, energy, and sex drive. Sermorelin is injected daily just beneath the skin before bed, since HGH is produced during sleep. Sermorelin will also help with increasing muscle strength and stamina, burn fat, improve the quality of sleep, and provide a variety of other benefits. Many patients have reported experiencing some, if not most of these benefits within 3-6 months of taking Sermorelin.

Vitamin B1 (Thiamine) is necessary for the proper functioning of the muscles, nervous system and heart. Thiamine deficiency has been known to cause insomnia, fatigue, depression, constipation, irritability, heart problems and stomach problems. Thiamine is abundant in organ meats, soybeans, egg yolks, poultry, broccoli, and asparagus.

Vitamin B2 (Riboflavin) works with other B vitamins to produce red blood cells and help generate energy from carbohydrates. Vitamin B2 has antioxidant properties by assisting the breakdown of homocysteine. Homocysteine is a compound known for inflammation and linked to heart disease and blood vessel disease. Although deficiency is rare, signs and symptoms of riboflavin deficiency include: cracks at the corners of the mouth (angular cheilitis), cracked lips, dry skin, inflammation of the lining of the mouth and tongue, mouth ulcers, and iron-deficiency anemia. Riboflavin is found in eggs, organ meats, milk, mushrooms, spinach and other green vegetables.

Vitamin B3 (Niacin) is required for a healthy liver, healthy skin, hair, and to assist the nervous system function properly. As with other B-complex vitamins, Vitamin B3 helps the body convert food into fuel and use fat as energy. Niacin is important in improving blood flow and is often used to improve the circulatory system. Niacin is used as a treatment of high cholesterol, migraine headache, dizziness, and acne. Since niacin improves blood flow, it has been shown to promote relaxation. Niacin can be found in fish such as tuna, sardines, salmon, and poultry (chicken, turkey) and beef. Deficiency can cause indigestion, fatigue, canker sores, vomiting, poor circulation, and depression.

Vitamin B5 (Pantothenic acid) is responsible for the production of coenzyme A that is associated with the metabolism of fats and carbohydrates as energy sources. Pantothenic acid is found in organ meats, egg yolk, and broccoli, fish, shellfish, chicken, milk, yogurt, mushrooms, and avocado. Deficiencies are rare, but pantothenic acid deficiency may result in fatigue, insomnia, depression, irritability, vomiting, abdominal and leg muscle cramps.

Vitamin B6 (Pyridoxine) is an important cofactor of many enzymes involved in lipid and amino acid metabolism as well as the conversion of glycogen to glucose, increasing energy and burning carbs and fat storage. B6 prevents the accumulation of fat, and some experts believe that vitamin B6 increases thyroid hormone function to speed up metabolism resulting in weight loss.

Vitamin B12 (Cobalamin) is an essential nutrient required for DNA synthesis and ATP production. Commonly found in animal products and food, this vitamin helps weight loss by increasing energy levels and fat metabolism. A deficiency in B12 results in fatigue, mood changes, and memory loss, preventing you from feeling your best and performing at your highest energy level. If you are a vegetarian or have a diet low in meat, you may need B12 supplementation.

Methionine is an essential amino acid that our body cannot produce, but can only get from food. Methionine is required to make protein to build muscle and create other amino acids, as well as responsible for lipolysis (the breakdown of fat). Methionine is commonly used as an agent to help with weight loss by preventing accumulation of fat in the liver and the cardiovascular system. Also, methionine helps regulate blood sugar levels that will allow you to cope with overeating and allow for efficient use of nutrients derived from food.

Inositol usually refers to Myo-inositol, a small molecule structurally similar to glucose that is involved in cellular signaling. It is effective in treating insulin resistance and reducing anxiety.

Choline is a molecule mostly used for either its cognitive boosting properties (turning into acetylcholine, the learning neurotransmitter) or as a liver health agent, able to reduce fatty liver buildup. Found in high amounts in eggs, yolks in particular.

L-Theanine is a relaxing and non-dietary amino acid found pretty much exclusively in teas from Camellia sinensis (alongside Green Tea Catechins and Caffeine) and is known to promote relaxation without sedation, which helps to mitigate possible side effects of stimulant medications such as phentermine. It appears to be effective at this as well as reducing stress at standard dosages.

L-Carnitine is a necessary amino acid that must be obtained through diet, however, only a fraction of L-Carnitine is absorbed during oral digestion. L-Carnitine is in the **Lipo+** injection to help with fatty acid metabolism and weight loss, protect against heart disease, reduce fatigue, improve circulation for chronic pain, and aid in the recovery from working out.

Arginine is a necessary amino acid that is important for blood flow and nitric oxide levels. Arginine is known to have poor oral absorption, and best absorbed through an injection. Arginine improves blood flow by directly producing nitric oxide via the nitric oxide synthase enzymes.

PATIENT INFORMATION ON PHENTERMINE HCL

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

Patient Information for: ADIPEX-P (PHENTERMINE HCL) 37.5MG TAB

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your healthcare professional. Always ask your healthcare professional for complete information about this product and your specific health needs.

PHENTERMINE - ORAL (FEN-ter-meen)
COMMON BRAND NAME(S): Adipex-P, Ionamin, Pro-Fast

USES: Phentermine is used along with a doctor-approved, reduced-calorie diet, exercise, and behavior change program to help you lose weight. It is used in people who are significantly overweight (obese) and have not been able to lose enough weight with diet and exercise alone. Losing weight and keeping it off can reduce the many health risks that come with obesity, including heart disease, diabetes, high blood pressure, and a shorter life. It is not known how this medication helps people to lose weight. It may work by decreasing your appetite, increasing the amount of energy used by your body, or by affecting certain parts of the brain. This medication is an appetite suppressant and belongs to a class of drugs called sympathomimetic amines.

HOW TO USE: Take this medication by mouth as directed by your doctor, usually once a day, 1 hour before breakfast or 1 to 2 hours after breakfast. If needed, your doctor may adjust your dose to take a small dose up to 3 times a day. Carefully follow your doctor's instructions. Taking this medication late in the day may cause trouble sleeping (insomnia). If you are using sustained-release capsules, the dose is usually taken once a day before breakfast or at least 10 to 14 hours before bedtime. Swallow the medication whole. Do not crush or chew sustained-release capsules. Doing so can release all of the drug at once, increasing the risk of side effects. If you are using tablets made to dissolve in the mouth, the dose is usually taken once a day in the morning, with or without food. First, dry your hands before handling the tablet. Place your dose on top of the tongue until it dissolves, then swallow it with or without water. The dosage is based on your medical condition and response to therapy. Your doctor will adjust the dose to find the best dose for you. Use this medication regularly and exactly as prescribed in order to get the most benefit from it. To help you remember, take it at the same time(s) each day. This medication is usually taken for only a few weeks at a time. It should not be taken with other appetite suppressants (see also Drug Interactions section). The possibility of serious side effects increases with longer use of this medication and use of this drug along with certain other diet drugs. This medication may cause withdrawal reactions, especially if it has been used regularly for a long time or in high doses. In such cases, withdrawal symptoms (such as depression, severe tiredness) may occur if you suddenly stop using this medication. To prevent withdrawal reactions, your doctor may reduce your dose gradually. Consult your doctor or pharmacist for more details, and report any withdrawal reactions immediately. Rarely, abnormal drug-seeking behavior (addiction) is possible with this medication. Do not increase your dose, take it more frequently, or use it for a longer time than prescribed. Properly stop the medication when so directed. This medication may stop working well after you have been taking it for a few weeks. Talk with your doctor if this medication stops working well. Do not increase the dose unless directed by your doctor. Your doctor may direct you to stop taking this medication.

SIDE EFFECTS: Dizziness, dry mouth, difficulty sleeping, irritability, nausea, vomiting, diarrhea, or constipation may occur. If these effects persist or worsen, notify your doctor or pharmacist promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: fast/irregular/pounding heartbeat, mental/mood changes (e.g., agitation, uncontrolled anger, hallucinations, nervousness), uncontrolled muscle movements, change in sexual ability/interest. Stop taking this medication and seek immediate medical attention if any of these rare but very serious side effects occur: severe headache, slurred speech, seizure, weakness on one side of the body, vision changes (e.g., blurred vision). This drug may infrequently cause serious (sometimes fatal) lung or heart problems (pulmonary hypertension, heart valve problems). The risk increases with longer use of this medication and use of this drug along with other appetite-suppressant drugs/herbal products. If you notice any of the following unlikely but very serious side effects, stop taking this medication and consult your doctor or pharmacist immediately: chest pain, difficulty breathing with exercise, decreased ability to exercise, fainting, swelling of the legs/ankles/feet. A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any of the following symptoms of a serious allergic reaction: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. In the US - Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS: Before taking this medication, tell your doctor or pharmacist if you are allergic to it; or to any other sympathomimetic amines (e.g., decongestants such as pseudoephedrine, stimulants such as amphetamines, appetite suppressants such as diethylpropion); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. This medication should not be used if you have certain medical conditions. Before using this medicine, consult your doctor or pharmacist if you have: uncontrolled high blood pressure, glaucoma, history of alcohol/drug abuse, vascular heart disease (e.g., chest pain, heart attack), mental/mood problems (e.g., severe anxiety, bipolar disorder, psychosis, schizophrenia), high blood pressure in the lungs (pulmonary hypertension), stroke, overactive thyroid (hyperthyroidism). Before using this medication, tell your doctor or pharmacist your medical history, especially of: diabetes, controlled high blood pressure, other heart problems (e.g., heart murmur, fast/irregular heartbeat, heart valve problems), kidney disease, seizure problem. This drug may make you dizzy or (rarely) drowsy or cause blurred vision. Do not drive, use machinery, or do any activity that requires alertness or clear vision until you are sure you can perform such activities safely. Avoid alcoholic beverages. If you have diabetes, check your blood sugar levels regularly as directed by your doctor. Your doctor may need to adjust your diabetes medication during treatment with this drug. If you are using the tablets made to dissolve in the mouth, your medication may contain aspartame. If you have phenylketonuria (PKU) or any other condition that requires you to limit/avoid aspartame (or phenylalanine) in your diet, ask your doctor or pharmacist about using this medication safely. Before having surgery, tell your doctor or dentist that you are using this medication. Kidney function declines as you grow older. This medication is removed by the kidneys. Therefore, elderly people may be at greater risk for dizziness and high blood pressure while using this drug. This medication must not be used during pregnancy. It may harm an unborn baby. If you are pregnant or think you may be pregnant, tell your doctor immediately. This drug may pass into breast milk and could have undesirable effects on a nursing infant. Therefore, breast-feeding is not recommended while using this drug. Consult your doctor before breast-feeding.

DRUG INTERACTIONS: Your doctor or pharmacist may already be aware of any possible drug interactions and may be monitoring you for them. Do not start, stop, or change the dosage of any medicine before checking with them first. This drug should not be used with certain medications because very serious interactions may occur. If you are taking or have taken other appetite-suppressant drugs in the past year (e.g., diethylpropion, sibutramine, ephedra/ma huang), tell your doctor or pharmacist before starting this medication. Avoid taking MAO inhibitors (isocarboxazid, linezolid, methylene blue, moclobemide, phenelzine, procarbazine, rasagiline, selegiline, tranylcypromine) within 2 weeks before, during, and after treatment with this medication. In some cases a serious (possibly fatal) drug interaction may occur. If you are currently using any of these medications, tell your doctor or pharmacist before starting this medication. Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially: drugs for depression (e.g., TCAs such as imipramine, SSRIs and SNRIs such as paroxetine, fluoxetine, venlafaxine, duloxetine), high blood pressure medicine (e.g., guanethidine, methyldopa), phenothiazines (e.g., prochlorperazine, promethazine, chlorpromazine), other stimulants (e.g., amphetamines, methylphenidate, street drugs such as cocaine or MDMA/"ecstasy"). Tell your doctor or pharmacist if you also take drugs that cause dizziness or drowsiness such as: certain antihistamines (e.g., diphenhydramine), anti-seizure drugs (e.g., carbamazepine), medicine for sleep or anxiety (e.g., alprazolam, diazepam, zolpidem), muscle relaxants, narcotic pain relievers (e.g., codeine), psychiatric medicines (e.g., risperidone, amitriptyline, trazodone). Also report the use of drugs which might increase seizure risk when combined with this medication such as isoniazid (INH), phenothiazines (e.g., thioridazine), theophylline, or tricyclic antidepressants (e.g., amitriptyline), among others. Check the labels on all your medicines/herbal products (e.g., cough-and-cold products containing decongestants such as pseudoephedrine, diet aids such as phenylpropanolamine, ephedra/ma huang) because they may contain ingredients that could increase your heart rate or blood pressure. Ask your pharmacist about using those products safely. Caffeine can increase the side effects of this medication. Avoid drinking large amounts of beverages containing caffeine (coffee, tea, colas) or eating large amounts of chocolate. This document does not contain all possible interactions. Therefore, before using this product, tell your doctor or pharmacist of all the products you use. Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

OVERDOSE: If overdose is suspected, contact your poison control center or emergency room immediately. US residents can call
the US National Poison Hotline at 1-800-222-1222. Canada residents can call a provincial poison control center. Symptoms of overdose may include: rapid breathing, unusual restlessness, fast/slow/irregular heartbeat, chest pain, hallucinations, seizures, loss of consciousness.

NOTES: Appetite suppressants should not be used in place of a proper diet. For best results, this drug must be used along with a doctor-approved diet and exercise program. Do not share this medication with others. It is against the law. Laboratory and/or medical tests (e.g., blood pressure, heart tests, kidney tests) may be performed periodically to monitor your progress or check for side effects. Consult your doctor for more details.

MISSED DOSE: If you miss a dose, take it as soon as you remember. If it is near the time of the next dose or late in the evening, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE: Store in a tightly closed container at room temperature between 68-77 degrees F (20-25 degrees C) away from light and moisture. Keep all medications away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.
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