



PHENTERMINE INFORMED CONSENT

Patient: _____ DOB: _____ DATE: _____

I request the use of Phentermine, along with strict dietary restrictions for the purpose of weight loss. I understand that as part of the program. I will be given a limited physical, I will be instructed on how to administer Phentermine myself.

Prior to taking Phentermine, I have fully disclosed any medical conditions or diseases such as a history of gallbladder disease, diabetes, autoimmune disease, HIV, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorder (anemia, thalassemia, hemophilia etc.) emphysema or asthma, and any history of stroke or cancer. These contraindications have been fully discussed with me. Further contraindications are outlined below. If I fail to disclose any medical condition that I have, I release Echelon Integrative Health, LLC and there medical physicians and facility from any liability associated with this treatment initials: _____

Do not use Phentermine if you have used an MAO inhibitor such as furazolidone (Furoxone), isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam, Zelapar), or tranylcypromine (Parnate) 14 days prior. SSRI, SNRI, mood stabilizers or antidepressants. A dangerous drug interaction could occur, leading to serious side effects. Do not take it if you're pregnant or breastfeeding. Avoid monster drinks, ADHD meds (Adderall)

Side Effects-

While phentermine is generally free of negative side effects, there is the possibility of the following:

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|----------------------------|--------------|----------------------|-----------------|
| • Dry mouth | Diarrhea | Nausea/Vomiting | Panic attacks |
| • Unpleasant taste | Constipation | Fatigue | Heartburn |
| • Stomach Pain | Hypertension | Skin Rash or itching | Lactic acidosis |
| • Insomnia or Restlessness | Heart attack | Anger | Stroke |

I understand Phentermine treatments may involve these risks and other unknown risks: Initials _____
I consent solely to arbitration as a legal means of settlement.

Patient's Name Printed: _____