

PATIENT INFORMED CONSENT FOR APPETITE SUPPRESSANTS

I have requested and authorized my healthcare provider, Geoffrey B. Monsour, MD., to assist in my weight reduction efforts. I understand that my treatment may involve, but not limited to the use of appetite suppressants.

I understand that if after my initial consultation, I decide that I do not want to participate in the program, or should Dr. Geoffrey B. Monsour determine that, based on exam, the use of medication is not indicated, I will not be eligible for a refund.

I understand that it is my responsibility to follow all instructions carefully and to report to Dr. Geoffrey B. Monsour, all medical problems or symptoms that I think may be related to my weight control program as soon as they occur.

I understand I will be subject to immediate termination from the program if it is determined that there is any misuse or abuse of the medication at any time. (i.e. not taking medication as directed, giving or selling medication to another, other substance abuse such as alcohol or prescription drugs), I acknowledge that in initiating therapy there are potential risks involved:

1. Not achieving desired weight loss.
2. Weight changes during this period may not permanent.
3. Most common side effects include: nervousness, sleeplessness, headache, dry mouth, fatigue, agitation, anxiety, rapid heart rate, gall bladder disease, stroke, and medication allergies.
4. Potential of causing birth defects.
5. Developing pulmonary hypertension. This is a potentially irreversible and fatal lung disease which occurs in one out of every 100,000 patients.
6. Increased difficulty in controlling diabetes, hypertension and other chronic diseases.
7. Risk of developing regurgitant cardiac valve abnormalities.
8. Discontinuation of pharmacological agents may occur at any time under Dr. Geoffrey B. Monsour's discretion.
9. Adverse effects may occur with altering the dose or stopping my medication without first consulting Dr. Geoffrey B. Monsour.

I have read and fully understand this consent form. I have had the opportunity to discuss any questions about my weight control program. Dr. Geoffrey B. Monsour has answered all of my questions.

Patient Signature Date

Witness