

***Weight's Over Health Care* – Consent for Use of Phentermine or Phendimetrazine**

When a drug or device is approved for medical use by the Food and Drug Administration (FDA), the manufacturer produces a "label" to explain its use. Once a medication is approved by the FDA, physicians may suggest use according to the recommendations on the label or "off-label" for other "off-label" purposes if they are well-informed about the product, base its use on firm scientific method/experience, sound medical evidence/experience, maintain records of its use & effects.

Following a thorough physical examination, I understand that I have requested and have consented to the use of an amphetamine-class of Controlled Substance and Appetite Suppressant, in order to lose weight or maintain weight loss, decrease appetite, and/or control cravings.

I understand the alternative to be the non-use of this amphetamine-class of medication, which would eliminate the complications and side-effects noted below. My PMD is aware and will F/U.

I understand the complications and side-effects to be: nervousness, diarrhea, constipation, sleeplessness, headache, tremor, fever, fainting, dry mouth, rash, change in libido, difficulty urinating, shortness of breath, swelling of feet or ankles, seizures, tiredness, dizziness, temporary memory loss, weakness, allergic reactions, psychological imbalances, hallucinations, stomach cramps, high blood pressure, and/or gallstones. Palpitations, arrhythmias, rapid heart rate, pulmonary hypertension, high blood pressure, or heart valve disease may develop - these latter six conditions are serious and can be **fatal**. In case of serious side effects, I will stop taking the medication and seek immediate emergency medical assistance. In addition, appetite suppressants can be addictive and should not be used with a history of drug or alcohol dependence.

I understand that Phentermine/Phendimetrazine is approved and recommended by the FDA for weight loss assistance for a limited period of time. Nevertheless, despite my BMI being less than the BMI recommended for the drug's usage, and/or I have used Phentermine/Phendimetrazine for a few months/years, I wish to be prescribed Phentermine/Phendimetrazine. I have read the consent form and I am willing to accept the potential risks that my physician has discussed with me. There may be other additional risks. My Private MD will follow/monitor me closely.

**I have provided all of my personal & medical information to the clinicians at *Weight's Over Health Care*, the personal & medical information is accurate and complete, I have not been prescribed any other similar or contraindicated medication within the last 22-days.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the contents of this document to the patient and have answered all of the patient's questions. To the best of my knowledge, I feel the patient has been adequately informed concerning the benefits and risks associated with the use of appetite suppressants, and the benefits and risks associated with alternative therapies. After being adequately informed, the patient has consented. After reviewing this consent in follow-up, the patient continues to consent.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_