

Wellness Life Center, LLC  
INFORMED CONSENT

I have been informed of the risks and benefits associated with weight loss medication and/or injections.

At this time, I have made an informed decision to use these treatment methods. I agree to use the treatment method only as directed and to comply with the recommended follow up monitoring and medical care. I recognize that side effects of the above noted treatment regimen can be unpredictable despite appropriate medical care, and I do not hold Wellness Life Center, LLC, or any owner or employee at Wellness Life Center, LLC responsible for adverse events related to my weight loss treatment.

I further agree that I will not sale, share, or misuse medications prescribed to me by physicians at Wellness Life Center, LLC.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_