Majestic Beauty Spa PLLC

HCG Medical Weight Loss Informed Consent

CLINICAL APPLICATION:

The HCG diet was developed for the treatment of obesity by a British endocrinologist named A.T.W. Simeon. Dr. Simeon theorized that by giving HCG injections in conjunction with a low caloric (low carbohydrate/high protein/low fat) diet improved the breakdown of stored fat (lipolysis), especially in targeted areas where fat deposits were likely to collect. Patients will be administered HCG, Lipoden, and B12 intramuscularly and will be monitored by the medical providers at Majestic Beauty Spa PLLC.

CONTRAINDICATIONS:

Precocious puberty (sexual and physical body changes that happen earlier than normal), prostate cancer or other androgen-dependent cancers, prior allergic reaction to HCG.

CAUTIONS:

Ovarian hyperstimulation (a syndrome of sudden ovarian enlargement ascites and/or pleural effusion); Pre-existing enlarged ovarian cysts or rupture of ovarian cysts which result in hemoperitoneum; multiple births; atrial thromboembolism; cardiac disease (CHF, Valvular diseases); renal disease; epilepsy; migraine; Asthma; nursing mothers; electrolyte imbalances.

POTENTIAL ADVERSE REACTIONS:

Increased fertility, headache, irritability, depression, fatigue, edema, precocious puberty, gynecomastia, injection site pain and/or bruising, electrolyte imbalances, dizziness, constipation, hypersensitivity reactions which include erythema, urticaria, rash angioedema, dyspnea and shortness of breath.

By signing below I acknowledge that I have read and agree to the weight loss program described in this informed consent which includes the use of HCG (Human Chorionic Gondotropin) as well as Lipoden, B12 and a 500 calorie diet with its potential side effects and risks. I have disclosed my past and current medical history and I am fully aware of the potential risks and adverse reactions attributed with the use of HCG, Lipoden, and B12. I was given the opportunity to ask questions and express any concerns.

I agree that "before and after" photos will be taken and they will be the property of Majestic Beauty Spa PLLC, and may be used for advertising, print, and website. Your identity may be concealed if you wish.

Use photos? (Mark one) __YES __NO Conceal identity? (Mark one) __YES __NO

_____ _____

Patient or Person Authorized to Sign for Patient Date

_____ _____

Health Care Professional Signature| Print Name and Title Date

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