

How To Start Your Program

Each patient begins their program with a private office visit, at which time patients are offered treatment choices, including the utilization of appetite suppressants along with the option of HCG (Human Chorionic Gonadotropin) injections, which facilitate fat loss by aiding in the breaking down of fat cells, thereby reducing inches.

Prerequisites

In helping us help you reach your goals, the perfect finish requires a perfect start. If you are taking medications please discuss this with us immediately as you may not be able to take the appetite suppressants and we need to know this right from the start. Accordingly, here are a few prerequisites that apply to all new and returning patients:

- ► UPON ARRIVAL AT EVERY APPOINTMENT YOU WILL NEED TO SHOW A VALID PHOTO ID OR DRIVERS LICENSE.
- ► IF YOU ARE TAKING ANY MEDICATION, PLEASE BRING A COMPLETE LIST WITH YOU.
- ▶ IF YOU ARE TAKING ANY MEDICATION, PLEASE LET YOUR PROVIDER KNOW THE DETAILS.
- ▶ IF YOU HAVE ANY HEALTH ISSUES, PLEASE LET YOUR PROVIDER KNOW THE DETAILS.
- ▶ IF YOU ARE PREGNANT OR MAY BE PREGNANT, YOU WILL BE INELIGIBLE FOR THE PROGRAM.
- ► IF YOU ARE CURRENTLY OR HAVE RECENTLY BEEN BREASTFEEDING, YOU WILL BE INELIGIBLE FOR THE PROGRAM.

Patient Screening

Once you have been prequalified to move forward with the Let's Get Thin® Program we kindly ask that you become familiar with the following questions so that when you do come in for your initial office visit you will be prepared to fill out the required patient forms and be on your way to reaching your goals that much quicker. Thank you.

- ► Have you ever had any heart conditions including heart attack, coronary artery disease, arrhythmias (irregular heartbeats), valvular heart disorders or heart murmurs?
- ► Have you ever had a stroke or TIA (Transient Ischemic Attack)?



| > | Have you ever had Narcolepsy? Are you currently on medications for treatment? |
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| > | Have you ever been diagnosed with Attention Deficient Disorder (A.D.D.)? Are you currently on medications for treatment? |
| > | Have you ever had any psychiatric conditions including a medical diagnosis of Bipolar Disorder or Schizophrenia? |
| > | Have you ever been diagnosed with any form of glaucoma? (Narrow-Angle Glaucoma requires release from your Ophthalmologist) |
| > | Have you ever been diagnosed with any type of cancer? |
| > | Have you ever had a seizure? (If yes, you will need a release from your neurologist prior to your visit in order to take appetite suppressants.) |
| > | Do you have any history of blood clots or a blood clotting disorder? (If yes, you may not be eligible for the injections, but a nurse will call.) |
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Thank You For Your Time And Consideration