

Advanced Weight Loss Clinic

117 N. Main St. #B, Sand Springs OK, 74063, 918-241-5673

Michelle Shain, LPN Jason Sims D.O.

I have received my HIPPA compliance form

Patient/Guardian Signature: _____

Date: _____

For weight loss appointments as well as medications, please sign below.

I understand that some of the weight loss medications that I may be taking may not be approved for weight loss by the FDA at this time, some of the medications may have long term effects, and some of these medications are addictive. I take full responsibility for my decision to take them, I will take them only as prescribed, and I will not hold anyone liable if I experience any adverse reactions or problems directly associated with medications.

Patient: _____

Date: _____