



North Texas GI Associates

Appetite Suppressant Consent

I hereby authorize Dr. Shawn Panzer and associates to assist me in my weight loss reduction efforts. I understand that the North Texas GI Weight Loss Program uses medications and treatments that may contain appetite suppressants. The directions for use of the appetite suppressants are based on short-term studies of 12 weeks. Recent long-term studies from university-based investigators have shown that appetite suppressants, supplements and injections may be effective for longer than 12 weeks, although these studies have not been fully confirmed. A physician is not required to use the medication as the labeling suggest, but may use the labeling as a source of information along with their own experience, the experience of colleagues, and recent longer-term studies to use the appetite suppressants for longer periods of time and at times, in increased doses.

I understand that there are other programs that can assist me in my desire to decrease my body weight and to maintain this weight loss. In particular, a balance calorie counting program or an exchange eating program without the use of appetite suppressant would likely prove successful if followed, even though I would most likely be hungrier without the appetite suppressant.

In order to continue to receive appetite suppressants, other medications, and injections I must demonstrate continued weight loss. The use of these methods of treatment involves potential risk. Reported side effects include nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, medication allergies, high blood pressure, rapid heartbeat, and heart irregularities. These and other possible risks could be serious or fatal on occasion.

Risk of Proposed Treatment

I understand this authorization is given with the knowledge that the use of the appetite suppressants for more than 12 weeks and in higher doses than the dose indicated in the labeling involves some risks and hazards. The more common risks include nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, medication allergies, high blood pressure, rapid heartbeat, and heart irregularities. These and other possible risks could be serious or fatal on occasion.

Risks Associated with Being Overweight or Obese

I am aware that there are certain risks associated with being overweight or obese. Among them are tendencies to high blood pressure, diabetes, heart attack, heart disease, and arthritis of the joints. I understand the risks may be modest if I am not very much overweight but that these risks can go up significantly the more overweight I am.

By signing below, I certify that I have read and fully understand this consent form. I should not sign this form if I have any questions that have not been answered to my complete satisfaction. My signature further confirms that I do not have a history of alcohol abuse, drug abuse, schizophrenia, or manic-depressive illness, since these conditions are a contraindication to the use of appetite suppressants. I hereby agree not to take any other appetite suppressants, other medications, or injections other than those prescribed by North Texas GI Weight Loss or listed on my medical history form. I agree to inform Dr. Panzer or associates of any changes in my medication.

Your signature below indicates your consent to treatment. If you have any questions as to the risks or hazards of the proposed treatment, or any questions whatsoever concerning the proposed treatment or other possible treatments, ask Dr. Panzer or associates before signing this consent form.

Print Patient's Name

Date of Birth

Patient Signature

Today's Date