



7531 Patriot Drive
Findlay, Ohio 45840
Phone: 866-351-8794
Fax: 419-423-6983
www.hcgmetabolicweightlossclinic.com



1020 E. Michigan Ave., Suite H
Saline, Michigan, 48176
Phone: 888-560-8446
Fax: 734-944-2900
www.hcgmetabolicweightlossclinic.com

Patient Responsibility Statement

1. I will contact my local emergency room or dial 911 for help if any adverse reaction such as any allergy occurs for treatment immediately
2. I agree to monitor my blood pressure if I am taking medication for it at least once a week. If my pressure drops or elevates 7-15 points I will notify my family physician for adjustments in my medication
3. I agree to monitor my blood glucose if I am diabetic and consult my family physician for any changes to adjust my medications appropriately.
4. Purchaser agrees to fully comply with the terms and conditions of the installment payment plan as explained on order sheet for this purchased medical program. The purchaser agrees to make the specified down payment for the medical program and authorizes The Metabolic Weightloss Clinic, LLC to make repeat automated credit card charge payments monthly to the purchaser's credit card provided by purchaser at the time of sale for the written agreed upon terms on the first date of each month. The purchaser waives all defenses and claims in the event that the purchaser fails to make any of the monthly payments agreed upon and stipulates to an entry of a default toward purchaser for any unpaid amount owed on the installment purchase plan plus collection of and any attorney fees or additional costs incurred by The Metabolic Weightloss Clinic, LLC. An Interest rate of 21% will accrue for any unpaid amount due.

5. The Metabolic Weightloss Clinic, LLC is not responsible for any falsified medical information and will not be held liable and can close treatment in this case without refund.
6. I agree to the privacy policies and understand my medical information is confidential for clinic use only. We may contact your family physician if necessary for continued care. All MWLC employees maintain strict confidentiality and all employees adhere to HIPPA regulations.

Patient Signature

Date