

North Star Medical Weight Management

Informed Consent

For use of North Star Medical products in individual counseling, Holiday Survive and Thrive Program, or maintenance and relapse treatment:

The Formula will not be used as my only source of nutrition or calories without consent and supervision of North Star Medical Weight Management.

The Formula will be used only as directed by North Star Medical Weight Management. North Star Medical Weight Management has the right to refuse or discontinue any patient, past or present, who does not comply with the product or programs protocol.

I understand the medical risks involved if I use the Formula without supervision. Therefore, I hereby release North Star Medical Weight Management of liability if I deviate from these conditions. No Refunds or Exchanges.

Name of Patient _____

Signature of Patient _____ Date _____

Signature of Program Director _____ Date _____

FAX : 1-847-398-8360

Call Toll-Free : 1-888-251-2653

Local : 1-847-577-8854

Your contact information:

Address _____

City _____

State _____ Zip _____

Phone _____ E-mail Address _____