Dr. Gail Jackson

Forever Fabulous/Celebrity Fit Program

The medications used in the "Celebrity Fit" program include pharmaceutical grade HCG Troches, food guidelines and a B-complex vitamin shot with lipotropic agents & appetite suppressant in combinations or alone. We also offer a self-administered injectable appetite suppressant in combination or alone at an additional cost. The pharmaceuticals are virtually free of negative side effects. Because you must follow a very low calorie, low fat diet a few minor concerns may arise such as a gallbladder attack, a drop in your blood sugar causing fainting and thyroid concerns. You are using these medications for a short time so the occurrence of any of these is minimal. The Forever Fabulous includes the Celebrity Fit Program and adds a pancreas enhancer, liver detox, hormones, and supplements.

Please Read and Initial agree to the following:

_____Initials I understand that the program and medications may involve risks.
_____Initials I understand the possible side-effects and agree to advise our office should they occur.
_____Initials I understand I may and should discontinue this program if any side effects occur or if I become pregnant.
_____Initials I understand that Dr. Gail Jackson's office **DOES NOT OFFER** a Refund for diet services, medications and/ or injections.
_____Initials I have asked and have had all my questions answered regarding this program.
_____Initials Individual results may vary therefore there are **NO** guarantees
_____Initials **NO REFUNDS; NO EXCEPTIONS**

Individual results may vary and underlying medical conditions such as diabetes, insulin resistance and thyroid disease may diminish your personal results. We therefore cannot refund the cost of these medications. These issues will be addressed if adequate weight loss discontinues during the diet/medication period.

You must be ready to commit to the program for maximum benefits.

AS THIS PROGRAM IS OFTEN AN EXPENSE NOT COVERED BY INSURANCE BENEFITS.

I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME IF SERVICE.

As this aspect of our practice is a part of the wellbeing arm of our practice; we are not contracted with any insurance companies. Your signature below indicates that your questions have been answered and you consent to the "Celebrity Fit/Forever Fabulous Program"

_____ _____
Signature Date

_____
Print Name

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