

# Eze Wellness & Weight Loss- Program Selection & Contract

(Revised June 2020)

## *“Get the Weight Off” Program*

**Monthly Plan- \$190 / month (4 visits)**

*This program concentrates on aggressive weight loss goals to healthily reduce your weight while learning and adapting to the new lifestyle and habit changes necessary to maintain it. (Goal loss of 20 lbs or more)*

### **“Get the Weight Off” Plans Includes:**

Detox Initiation (2 weeks)	Appetite control medication (prescription) & supplements
Medical & nutritional evaluation	Initial Medical Exam and Evaluation by EKG (1 <sup>st</sup> visit)
Transdermal Nutrient Patches (when in supply)	Body Composition Evaluation (every visit)
Energy-boosting B-12 (weekly) **	Nutrition and Exercise Counseling
Behavior Modifications Counseling	Weight Loss monitoring & plan modifications (weekly)

**\*\*Optional Lipotropic Injection for additional discounted price of \$35 per shot\*\***

## *“Keep the Weight Off” Program*

**Monthly Plan- \$115 / month (2 visits)**

*Typically follows completion of the “Get the Weight Off” Program once you have achieved your weight loss goal. It is designed to keep you on track for long- term success in maintaining your desired weight.*

### **“Keep the Weight Off” Plans Includes:**

Bi-weekly (twice monthly) office visits – every 2 weeks	Exercise & Nutritional Counseling
Body Fat & Body Mass Analysis	Individualized Behavior Modification Counseling
B-12 shots (2 total) ** / Nutrient Patch	Prescription for appetite suppressant

**\*\*Optional Lipotropic Injection for additional discounted price of \$35 per shot\*\***

## *“Modified Weight Loss” Program*

**Unlimited Visits**

For those who already have their own established weight loss program and want SHOTS ONLY.

### **“Modified Weight Loss” Plan Includes:**

**Initial Weight Loss consultation- First Visit (\$75 – one time payment)**

Unlimited visits per month (with selection of injection each visit)

Injections Available: \*Includes Weight, Body Fat & BMI Analysis at each visit\*

*Lipotropic Shot- helps burn fat, increase metabolism, control appetite and increase energy (\$35 per shot)*

*B-12- vitamin to help boost energy (\$30 per shot)*

## *“Break the Plateau” Program*

**Monthly Plan- \$280/month (4 visits)**

*This 4-week program helps those that have successfully lost weight but now reached a plateau (weight loss stagnation) and have not yet achieved their weight loss goal. This is an “all inclusive” plan addressing all elements of weight loss including diet, exercise & lifestyle modifications for the most aggressive reduction in weight (Goal loss of 10+ lbs – expected 2-3 lbs of weight loss per week. Results may vary.)*

### **“Breaking the Plateau” Plans Includes:**

Medical & nutritional evaluation	Body Composition Evaluation (every visit)
Keto-Inspired Diet w/ Intermittent Fasting	Customized Weekly Exercise Regimen (goal-based)
Natural Weight Loss / Appetite Suppressants**	Nutrition and Exercise Counseling
Weight-loss monitoring & plan modifications (weekly)	Enhanced Lipotropic Injections (weekly) w/ Nutrient Patch
Behavior Modifications Counseling	Weight Loss monitoring & plan modifications (weekly)

**\*\* Eze Crave Control Capsules** are naturally formulated to reduce appetite and support weight loss

***“No Shots” Weight Loss Program***      **Monthly Plan- \$99/month (4 visits)**

***This 4-week program is designed for those who desire guidance and monitoring through a regimented weight loss program with specialized weight loss supplements and NO SHOTS. Achieve your weight loss goal without the use of injectable vitamins. This program utilizes separately purchased products and regular monitoring and accountability with nutritional guidance.***

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| Detox Diet (1 <sup>st</sup> two weeks)                      | Body Composition Evaluation (every visit)                  |
| Medical & nutritional evaluation                            | Customized Weekly Exercise Regimen                         |
| Wellness & Weight Loss Meal Plan                            | Nutrition and Exercise Counseling                          |
| Natural Weight Loss Supplement (Chromium)                   | Behavior Modifications Counseling                          |
| Weight-loss monitoring & plan modifications (weekly)        | Prescription for Medicated Appetite Suppressant (optional) |
| Nutrient Patch (infused with B12 & fat burning amino acids) |  |

***\*\*Optional: Eze Crave Control Capsules (Natural Appetite Suppressants) - \$30 (90 caps)\*\****

**Select Your Desired Program:**

- “Get the Weight Off” Program      \_\_\_\_\_ (\$190 / month- 4 visits)**
- “Keep the Weight Off” Program      \_\_\_\_\_ (\$115 / month – 2 visits)**
- “Modified Weight Loss” Program      \_\_\_\_\_ (by selection)**
- “Break the Plateau” Program      \_\_\_\_\_ (\$280 / month – 4 visits)**
- “No Shots” Program      \_\_\_\_\_ (\$99 / month – 4 visits)**

**ADHEARENCE TO WEIGHT LOSS PROGRAM**

I understand that while on the Eze Wellness and Weight Loss Program, it is my responsibility to adhere to the recommendations given in order to achieve my weight loss goals. I acknowledge all potential risks of starting a Medical Weight Loss program and I have been cleared by my physician prior to beginning this program. It is my responsibility to follow up weekly or bi-weekly according to my selected plan in order for me to achieve my desired results.

**PHOTOGRAPHY CONSENT FOR TREATMENT ASSESSMENT**

I authorize Eze Health Center medical personnel to take photographs of me and to use them as an aid in assessment of my weight loss progress. I understand that these photographs will help document the progress of my treatment, and that any photographs taken will remain the property of the facility. I also understand that these photographs will not be utilized for any other purposes without my consent.

**SERVICE & PAYMENT POLICY**

I understand that **FULL payment for all programs will be due at the time of service and that this payment is non-refundable**. I also understand that program costs are according to established fees at the time contract is signed and that there will be no submission of fees to a Health insurance company. Also, the monthly fee for each plan is due every 4 weeks, even in my absence on bi-weekly or weekly follow-up visits. A new contract is to be signed for program changes or when in absence from regular follow up visits greater than 4 weeks.

**By Signing, I (Patient Name- print) \_\_\_\_\_ agree to the terms of this contract as stated above.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**