**MD Weight Loss**
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# Consent to Treatment

By reading and signing this document, I, undersigned patient (or authorized representative), consent to and authorize the performance of any treatments, examinations, medications, medical services and diagnostic procedures (including but not limited to the use of lab studies) as ordered or approved by my physician(s), or my healthcare professional assigned to my care by my physician(s), and I acknowledge and consent to the following:

1. I understand that the healthcare professionals involved in my care will rely on my documented medical history, as well as other information provided by me, my immediate family, or others having information about me, in determining whether to perform or recommend procedures. I agree to provide accurate and thorough information regarding my medical history and any conditions or events which may impact medical decision-making.

2. During the course of my care and treatment, I understand that various types of examinations, tests, diagnostic or treatment procedures may be necessary. The procedures may be performed without incident; there may be material risks associated with these procedures. If I have any questions concerning these procedures, I will ask my physician(s) to provide me with additional information. I also understand my physician may ask me to sign additional informed consent documents relating to specific procedures.

3. NO GUARANTEE OF RESULTS: MD Weight Loss and my healthcare professionals cannot guarantee any specific result(s) of any examination, treatment, procedure or medical care. I release MD Weight Loss, its Physicians and healthcare professionals from any liability from any accident or injury that is not directly caused by the negligence by MD Weight Loss or its employees. Results can vary based on medical conditions, patient compliance and financial capabilities.

4. AUTHORIZATION AND RELEASE FOR PHOTOGRAPHS: I authorize and release MD Weight Loss and its employees and agents to take photographs of me and use them as may be medically appropriate. Such images may be used for educational or other purposes as necessary and appropriate. These images may be maintained as a permanent part of my medical record. I understand and acknowledge that MD Weight Loss may use cameras for security and patient monitoring, and patient confidentiality will be maintained for all such images.

5. VALUABLES: MD Weight Loss assumes no responsibility for, and I hereby release MD Weight Loss from liability for, loss or damage to any of my personal property while on the premises and /or receiving treatment.

____________________________________________________________

Signature Date

____________________________________________________________

Print Name