

Ericsson Aesthetics Weight loss and wellness program!

How does our program work? We utilize Semaglutide, a once a week injectable medication much like insulin or fertility medications, that will help you lose weight. Semaglutide injection is in a class of medications called incretin mimetics. It works by helping the pancreas to release the right amount of insulin when blood sugar levels are high. Insulin helps move sugar from the blood into other body tissues where it is used for energy. But at higher doses, it acts on centers of the brain to suppress appetite. While it is an insulin lowering medication, it is safe for use in non-diabetics at these doses. However, if you are on diabetes medication, please consult your primary care provider prior to enrolling in our program.

Weight loss on semaglutide is expected to exceed 10% in the first 3 months of use, making it one of the most sought after medications on the market. HOWEVER, this is not guaranteed, we notice that more than 90% of patients on our protocol, lose 10-15% of their starting weight during the program.

Where does the medication come from? We have semaglutide compounded by a pharmacy that will mail you the medication. This pharmacy can ship to almost all 50 states and therefore we do accept out of state applications, however the program is run under the state of NC medical laws, and you will be considered a patient at our main location, even though appointments are conducted virtually through phone and computer. We do not have secure means to text or email, but feel free to communicate that way if it is easier. If you prefer to send documents over a HIPAA secure line, please fax to 888-981-1831. If you do send us a text or email, we will consider this permission to communicate this way for further needs.

How do I get started? All you need to do is fill out the Program consent form and send it back to us. If your form is approved (after we have ensured you are a good, safe candidate), we will schedule a quick video intake appointment. Payment is due prior to scheduling an appt. This includes the cost of the entire program, as well as medication and syringes. We can send you an invoice to pay online or you can pay electronically with PayPal, Venmo, or credit card. Payment is nonrefundable, by sending payment, you agree to enroll in the program. If for any reason you do not finish, at your discretion, payment is still considered final.

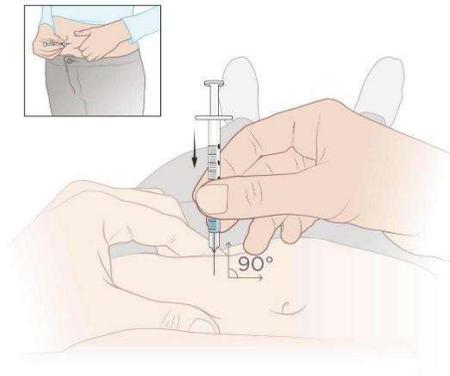
What happens at my intake appointment? This will be scheduled via a secure HIPAA compliant video call via doxy.me and a link will be provided. This scheduled virtual visit is required annually and we ask that you have a scale and blood pressure cuff to show your weight for our virtual program requirements. We will make sure to answer any questions you may have and send you any information you need prior to starting the program.

What other appointment check-ins am I required to do? Any time you feel you need to reach out for questions, clarifications, updates, please do! This is a fluid program, meant to change through the course, and it is customized to each individual. If you are not losing weight at the pace we expect, we can often help, but only if you follow up! We do like to know results going into each month, so please check in monthly or sooner if needed to ensure the best success!

How do I handle the medication? When the medication arrives at your house, please **refrigerate** it. We compound the medication special so the dose for you may not appear to be the same as for other people on the program. Please follow our strict dosing guidelines for best success. Dosing will involve drawing medications into a syringe once per week and injecting it into a pinch of belly fat, as instructions show at the end of this document.

1. INJECTION INSTRUCTIONS

2. Obtain supplies.
3. Once you have all your supplies, clean the work surface with isopropyl alcohol and wash your hands.
4. Remove the plastic cap or peel back the paper and attach the needle to the syringe without touching the hub of needle as you have been shown.
5. If you have pre-filled syringes, omit steps 4 through 7. Open the vial and wipe the top with an alcohol wipe.
6. Draw plunger back to proper dosage.
7. Push the needle through the top of the vial and invert the vial. Inject the air from the syringe into the vial.
8. Allow medication to fill the syringe; pull back gently if necessary, to proper dosage. Check for bubbles. If they exist, gently tap the syringe with your finger until they rise to the top. Then gently push up the plunger to expel the air. Recap the needle without touching the tip of the needle.
9. Choose your injection site. DO NOT use the same area for each injection — rotate sites. Avoid areas that are inflamed, edematous, scarred or covered by a mole, birthmark or other lesion.
10. Clean your skin with an alcohol wipe, using a circular motion, working outwards. Allow area to dry.
11. Remove the cap and hold the needle at a 45°-90° angle (as you would a pencil). Gently grasp skin with one hand and quickly insert the needle with the other.
12. Inject the drug slowly.
13. Remove the needle and press the site gently with an alcohol swab or 2x2 gauze until the bleeding has stopped.
14. Dispose of the needle and syringe in a hard-walled container (a detergent bottle with a lid is ideal). This bottle must be puncture proof (top and sides). Most often, this can be included in regular household waste. Please contact your local department of health prior to disposal.



I understand, have read, and fully completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. While all treatments are recommended to achieve the best possible results, I do understand that not all treatments will have the same results on every client, therefore no guarantee can be given. I also understand that withholding information or providing misinformation in this form and any communications with Ericsson Aesthetics or any of their staff may result in contraindications to medications or treatments prescribed. I am aware that it is my responsibility to inform the provider of my current medical or health conditions and to update this history as applicable. The services/medications/injections I receive here are voluntary and I release Ericsson Aesthetics, LLC from liability and assume full responsibility thereof. I also understand approval from my primary Medical Doctor should be obtained before starting any diet or exercise program. I understand payment is due in full at the time of beginning the program.

I authorize Ericsson Aesthetics to help me in my weight-reduction efforts. I understand that my program may consist of a balanced-deficit diet, a regular exercise program, instruction on behavior modification techniques, and may involve the use of on and off label anti-obesity medications or other medications that have been approved by the FDA. Other treatment options may include a very low-calorie diet or a protein supplemented diet. I further understand that if medications are used, they have been used safely and successfully in private medical practices with experienced obesity medicine specialists as well as in academic centers for periods exceeding those recommended in the product literature. I understand that any medical treatment may involve risks as well as the proposed benefits. I also understand that there are certain health risks associated with having excess weight or obesity. Risks of this program are usually temporary, reversible, and may include but are not limited to nervousness, sleeplessness, headaches, electrolyte abnormalities, dry mouth, gastrointestinal disturbances, weakness, fatigue, pancreatitis, psychological problems, gallstones, high blood pressure, rapid or slowing of the heartbeat and heart irregularities, and risk of weight regain. These and other possible risks could, on occasion, be serious or even fatal. Risks associated with remaining overweight are high blood pressure, diabetes, heart attack and heart disease, arthritis of the joints, including hips, knees, feet and back, sleep apnea, and sudden death. I understand that these risks may be modest if I am not significantly overweight but will increase with additional weight gain over time. I understand that much of the success of the program will depend on my efforts and that there are no guarantees that the program will be successful. I also understand that obesity is a chronic, lifelong condition that may require changes in eating habits and permanent changes in behavior to be treated successfully. I have read and fully understand this consent form and it has been fully explained to me. My questions have been answered to my complete satisfaction and I understand my program is valid for 1 year from today, however may be renewed upon successful completion of the program, with approval from the providers. I agree to monitor my blood pressure and heart rate and other vital signs at least monthly and report any changes to the provider, regardless of belief that it may or may not be related to the program. I understand that any and all texting or emailing of personal information may not be sent in a secure manner; if I desire complete security, I will communicate live, over the phone or in person or via fax at 888-981-1831. Emailing and texting is at my discretion, and I authorize my providers to respond in a like manner for any unsecure communications received.

Client signature: _____

Date: _____