



I, \_\_\_\_\_ am participating in Medshape Weight Loss Clinic, LLC “Metabolic Uplift injection” program.

Medshape Weight Loss “Metabolic Uplift injection” program includes \_\_\_\_\_ “Metabolic Uplift” injections which consist of a mix of B12 and B6 for a rapid metabolic boost. Injections may also include MIC, AMP, B Complex, or L Carnitine. This program also includes the “Metabolic Uplift” Nutrition plan and \_\_\_\_\_ weigh in appointments with a Medshape Weight Loss Clinic, LLC weight loss counselor.

I understand that there are no further monies due to Medshape Weight Loss Clinic, LLC and I am not required to purchase any additional items.

By initialing this, I understand that the “Metabolic Uplift injection” nutrition plan must be followed for maximum weight loss and results. \_\_\_\_\_ (initials)

By initialing this, I understand I can not receive a refund, credits or transfer any unused injections. \_\_\_\_\_ (initials)

By initialing this, I give Medshape Weight Loss Clinic, LLC consent to administer intramuscular injections to myself and will not hold Medshape Weight Loss Clinic, LLC liable for any damage which could occur. \_\_\_\_\_ (initials)

By initialing this, I understand that Medshape enforces a 24 hour cancellation/rescheduling policy. If you miss your appointment, cancel or change your appointment with less than 24 hours notice, you will be charged \$10 at your next visit. \_\_\_\_\_ (initials)

Date: The \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Coupon Redemption number: \_\_\_\_\_