

# *The Baum Weight Loss Plan*

## *Contract*

I \_\_\_\_\_ (Print Name)

\_\_\_\_ Have given Baum 5 Star Healthcare a complete medical/family history.

\_\_\_\_ I do not have any heart conditions or have had any adverse reaction to amphetamines.

\_\_\_\_ I will take the medication as prescribed and not miss-use it in any way.

\_\_\_\_ I am aware that I will NOT receive a refill unless I have lost at least 8-10 pounds or 1 inch around my waist on a monthly basis.

\_\_\_\_ I understand that the use of Phentermine is absolutely contraindicated during pregnancy and I understand that I may quit the program at any time.

\_\_\_\_ I have read and understand the side effects of Phentermine, in the event that adverse reactions do occur, I will go to the nearest emergency room and then follow-up with Baum 5 Star Healthcare.

\_\_\_\_ All my questions have been addressed to my satisfaction. I agree to release Baum 5 Star Healthcare and their staff from any liability associated with this treatment. In the event a dispute arises over the outcome of the treatment, I consent solely to arbitration as a legal means of settlement.

\_\_\_\_\_  
Patients Name (Printed)

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date: