



Consent for Treatment

I, _____, agree to proceed with treatment by Philip Borgardt, MD, Inc. / TNC, Inc. Weight Loss. I understand that these offices are strictly consultative practices. To this end, I understand that to remain a patient in this practice, I must agree to accept the responsibility to obtain and keep current a relationship with a primary care physician or gynecologist to provide routine physical examination and evaluation services. Documentation of such treatment will be requested as indicated.

In addition, I understand that many of the treatment protocols and medications that are recommended by Dr. Borgardt in the course of my care may be characterized as alternative in nature, outside the "standard of care," or off FDA label for a specific indication. I understand that each such incidence will be discussed with me fully at the time of our visit, so that I may have full benefit of comprehensive informed consent.

Potential risks, benefits and the limitations of current research on any particular treatment option will be discussed with me at length. I understand I have the right to decline treatment at any time and that I can request review of the informed consent process as needed. I understand that it is impossible to predict all risks/outcomes when dealing with new therapies and agree to assume these risks.

I also agree to abide by Dr. Borgardt's / TNC, Inc. Weight Loss recommendations for follow up appointments, as they are often determined by clinical protocols and the need for careful monitoring when dealing with newer therapies.

Signature:

Date:

Print name:

Philip Borgardt M.D., Inc. / TNC, Inc. Weight Loss Locations:

SLO: 865 Aerovista Place, Ste 210, San Luis Obispo, CA 93401 Ph: 805-540-5544 Fax: 805.528-1690

BAY AREA: 101 Park Place, Ste 200, San Ramon, CA 94583 Ph: 925-951-3359 Fax: 805.528-1690