

PHYSICIAN WEIGHT LOSS PROGRAM

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Patient Informed Consent for Appetite Suppressants

I. PROCEDURES AND ALTERNATIVES:

1) I, (Patient or patient's guardian) authorize Dr. Joseph DiRenzo, Dr. Marc Matozzo or one of his associates to assist me in my weight reduction efforts. I understand my treatment may involve, but not be limited to the use of appetite suppressants for more than 12 weeks and when indicated in higher doses than the dose indicated in the appetite suppressant labeling.

2) I have read and understand my doctor's statements that follow:

"Medications, including appetite suppressants, have labeling worked out between the maker of the medication and the FDA. This labeling contains, among other things, suggestions for using the medication. The appetite suppressant labeling suggestions are generally based on shorter term studies (up to 12 weeks using the dosages indicated in the labeling)."

"As a bariatric physician, I have found the appetite suppressants helpful for periods far in excess in 12 weeks and at times in larger doses than those suggested in the labeling. As a physician, I am not required to use the medication as the labeling suggests but I do use the labeling as a source of information along with my own experience, the experience of my colleagues, recent longer term studies, and recommendations of university based investigators. Based on these, I have chosen, when indicated, to use the appetite suppressants for longer periods of time and at times, in increased doses."

"Such usage has not been as systematically studied as that suggested in the labeling and it is possible, as with most other medications, that there could be serious side effects." (as noted in II below)

"As a bariatric physician, I believe the probability of such side effects is outweighed by the benefit of appetite suppressant use for longer periods of time and when indicated in increased doses. However, you must decide if you are willing to accept the risks of side effects even if they might be serious for the possible help the appetite suppressants used in this manner may give."

3) I understand it is my responsibility to follow the instructions carefully and to report to the doctor treating me for my weight any significant medical problems that I think may be related to my weight control program as soon as possible.

4) I understand the purpose of this treatment is to assist me in my desire to decrease my body weight and to maintain this weight loss. I understand my continuing to receive the appetite suppressant will be dependent on my progress in weight reduction and weight maintenance.

5) I understand the purpose of this treatment is to assist me in my desire to decrease my body weight and to maintain this weight loss. In particular, a balanced calorie counting program or an exchange eating program without the use of the appetite suppressant would likely prove successful if followed even though I would probably be hungrier without the appetite suppressants. I also understand that if I am a woman of child bearing age, I should be on a contraceptive management program. Also, if I am having any surgery I am to contact the doctor and stop taking the medication.

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