



BALANCED  
HORMONE  
HEALTH

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## INFORMED CONSENT FOR WEIGHT LOSS SOLUTIONS

(Semaglutide, Tirzepatide, BioBoost / LipoB / Peptides / Supplements)

### Important Notices

- ALL SALES ARE FINAL.
- There is a \$75 fee to cancel any order after it has been placed at the pharmacy.
- Credit card processing fees will NOT be refunded on any transactions.
- We sell by the vial and by the total content in each vial.
- BHH and clients agree to accept and adopt the Best Used By Dates on all vials as established by the compounding pharmacy (not the FDA's 28-day guidelines).

### Vial Information

- There is no guarantee on how long a vial will last, as length depends entirely on your dosing schedule.
- Vial Best Used By dates vary by state.
- Vial Best Used By dates are estimates provided by each pharmacy partner.
- Each pharmacy partner conducts extensive testing beyond the Best Used By date to ensure product sterility, safety, and efficacy.

### Weight Loss Disclaimer

- Weight loss is NOT guaranteed.
- While successful for the majority of clients, results are multifactorial and may not work for every individual.

### Resources & Contact

For medication instructions, dosing guidelines, and resources, visit:

[www.balancedhormonehealth.com](http://www.balancedhormonehealth.com)

You may also visit our Facebook page for additional support materials.

For questions:

📞 515-587-8649

✉️ [info@balancedhormonehealth.com](mailto:info@balancedhormonehealth.com)

### Responsibilities & Limitations

BHH is not responsible for:

- mishandling of medication
- incorrect dosing
- broken vials
- errors in address submission

The address provided on your intake form will be submitted to the pharmacy.

- All address changes must be made prior to ordering and submitted in writing via:
  - Email: [info@balancedhormonehealth.com](mailto:info@balancedhormonehealth.com)
  - Text: 515-582-8621
- The address change form is located on our website.
- Once an order has been submitted to the pharmacy, changes may not be possible.

## **Shipping Inspection**

Please inspect your shipment immediately.

You must contact the pharmacy within 24 hours of receipt if you have concerns.

Pharmacy contact information is included inside your package.

Refrigerate Semaglutide / Tirzepatide immediately upon arrival.

## **Emergency Disclaimer**

If you experience a medical emergency or any adverse reaction, seek immediate emergency care or call 911.

## **Risks**

I understand that, as with any health treatment, Semaglutide and Tirzepatide carry risks. Potential risks include, but are not limited to:

### **Common Side Effects**

- nausea
- diarrhea
- abdominal pain
- vomiting
- constipation

### **Major Potential Side Effects**

- pancreatitis
- vision changes
- low blood sugar
- kidney problems or kidney failure
- gallbladder problems
- bowel obstruction
- serious allergic reactions
- possible thyroid tumors

### **Notify your provider immediately if you experience:**

swelling or lump in neck, hoarseness, difficulty swallowing, shortness of breath.

## Do NOT use if:

- you have Multiple Endocrine Neoplasia Syndrome (MEN2)
- you are allergic to any ingredients
- you or a family member has had Medullary Thyroid Carcinoma (MTC)
- you are pregnant, breastfeeding, or have decreased kidney function

Inform your provider of any history of pancreas or kidney problems.

## Benefits

Semaglutide and Tirzepatide have been shown to:

- lower A1C
- reduce risk of major cardiovascular events (stroke, heart attack, death) in adults with heart disease
- may help with weight loss (not guaranteed)

## 5 AMINO 1MQ Fat Loss Supplement

### Possible Benefits

- increased fat metabolism
- reduced fat storage
- improved energy expenditure
- may facilitate weight loss

### Potential Side Effects

- insomnia
- mild headaches
- nausea (especially if taken on an empty stomach)
- increased heart rate (typically due to metabolism changes)

### Alternatives

Provider encourages consultation with conventional healthcare providers and specialists.

### Alternatives may include:

- alternative treatments
- specialist referrals
- declining this treatment altogether

If you experience adverse effects or an allergic reaction, seek emergency care or call 911 immediately.

## PATIENT ACKNOWLEDGEMENT

Do not sign unless you have:

- read this document in full
- had an opportunity to ask questions
- received answers to your satisfaction
- full understanding of the information

### Do not sign if:

- you are under the influence of medications impairing judgment
- you feel rushed or pressured

## HIPAA & PRIVACY PRACTICES

I certify that I have been notified of my option to obtain a copy of Balanced Hormone Health & Wellness, LLC (BHH)'s Notice of Privacy Practices.

This Notice:

- describes how my health information may be used or disclosed
- outlines my rights
- explains BHH's responsibilities regarding confidentiality

I may request restrictions on how my protected health information is used.

This informed consent is not a contract, but a review of information regarding my treatment.

## CONSENT TO TELEMEDICINE CONSULTATIONS

I consent to participate in telemedicine consultations with BHH.

Telemedicine may include:

- video communication
- audio communication
- electronic messaging

Clients must be able to use video calls, phone calls, text messages, and email.

**BHH maintains privacy by:**

- using HIPAA-compliant EMR software
- encrypting data on company devices
- password-protecting sensitive files

BHH reserves the right to update privacy practices. Updated Notices of Privacy Practices are available upon request.

I give BHH consent to use or disclose my protected health information for treatment purposes.

## FINAL CONSENT

NOTE: Do not sign this form unless you have read it and feel that you understand it. Ask any questions you might have before signing. Do not sign this form if you have taken medications that may impair your mental abilities or if you feel rushed or pressured.

By signing below, I acknowledge and certify that:

- I have had the opportunity to ask questions and have received satisfactory answers.
- I have read and fully understand the foregoing Informed Consent.
- I have all the knowledge I currently desire.
- I have discussed the issues above with my Provider.
- I agree and accept all of the terms above.
- I am legally competent and have sufficient knowledge to give voluntary and informed consent.

If your product is not in preparation for shipping and CAN be halted at the pharmacy, and you decide to cancel your order after it has been sent to the pharmacy, a \$75 restocking fee will be charged.