



## **Medical Weight Loss, Anti-Aging, & Hormone Replacement Therapy Consent Form**

1. Dr. Tod Aust and Michael Beninato MPAs, PA-C, Renew Aesthetics and Wellness do not provide primary care and are not primary care medical providers. It is strongly recommended that you have a primary care provider for your routine healthcare.
2. Renew Aesthetics and Wellness does not contract with or bill any insurance directly. All patients are financially responsible for all services and products. Products and services are strictly billed on a cash or credit basis and payment is due at the time services and products are rendered.
3. Renew Aesthetics and Wellness believes in doing what is best for each individual patient to achieve the results that our patients seek. This includes ordering lab studies and prescribing medications. Lab studies and medication costs are not included in our program or membership pricing. Some medications may be available through our office, some medications will be sent to pharmacies that we have accounts with, and other medications will be sent to patient's established pharmacies. Patients' healthcare insurance may or may not cover these costs.
4. The weight loss program starts with an initial consultation and labs. The consultation fee is \$200. However, if you determine that you want to participate in one of our programs, this fee is waived, and the credit is applied to the balance of the program you are participating in.
5. If GLP1-RA injections are determined to be the best treatment option for you, the patient will have the option to come to the office to receive their injections by a medical assistant or staff member, or they may choose to self-administer the injections. Any time a weight loss patient steps into the clinic we will check current weight and waist circumference measurement. We currently use the Hume Health Body Pod scale. There is an accompanying app (Hume Health) that you can create an account with, and the app will provide you with some specific data regarding your weight. Our weight loss staff have been trained in the appropriate technique for consistent waist circumference measurement.  
  
\* Please be aware that different scales are calibrated differently and that some scales differ from others by as much as 5 pounds. Waist circumference measurement is very dependent on the measurement technique used.
6. Formal follow-up appointments for the first 3 months are approximately once a month. This may be less than monthly when someone is facing difficulty during their journey.
7. Before photos, progress photos, and after photos are part of the program. You can expect that progress photos will be taken at all formal follow up appointments. All photos will include your face (so that we know they are attached to the correct patient chart) but will most likely be published on our social media or in our office without your face (unless the patient specifically requests this).
8. The weight loss program offers no guarantee that you will reach your weight loss goals. Weight loss varies depending on starting weight, medical conditions, adherence to prescribed treatment plans, and individual responsiveness to medications. The bottom line is that we are heavily invested in our patient's success. Not every treatment option or medication works for every individual patient. We understand this. We have multiple treatment options to choose from, and we will not give up until we find what works best for you!
9. By signing this consent form I acknowledge that I have informed my primary care provider about the treatment that I am to receive at Renew Aesthetics and Wellness.

10. I consent to being evaluated and treated by Dr. Tod Aust and/or Michael Beninato MPAS, PA-C and Renew Aesthetics and Wellness regarding weight loss, anti-aging, regenerative medicine, and/or hormone replacement therapy. I have not been pressured into being evaluated and treated for these conditions. I have had ample opportunity to ask any questions regarding my evaluation and treatment.

I have fully read the above consent form information. I agree with everything stated voluntarily and free from pressure.

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