

## Consultation Agreement Fee

The Ideal Protein Weight Loss Protocol is much more than a dietary restriction and lifestyle change; it is a commitment to yourself and your Coach. Due to our educational and knowledge-based approach, Ideal Protein insists that you make a commitment to this program before we accept you as a client. We want you to be healthier and lose weight, but first you must have the desire to do so.

Results on the Protocol are predictable and repeatable, which represents the Gold Standard in scientific medicine. We feel passionately that we cannot fulfill our promise to you if you do not strictly adhere to our Protocol. We have developed these guidelines for Ideal Protein participants.

There is a non-refundable Consultation Fee of \$49.00. If you agree to the terms and conditions the \$49.00 will be applied to your Starter Package.

If I have any questions about this or need further explanations, I understand that I should speak with my medical provider.

I have been informed that the possible benefit and value of this treatment is not guaranteed. I understand that there are many alternative treatments or procedures that are appropriate and available that might be beneficial to me. Some of those alternatives or choices include but may not be limited to:

- No treatment at all
- Conservative lifestyle changes
- Drugs
- Surgery
- Watch and wait, while reporting my condition to a physician

I understand that I have the right not to participate in this program or to discontinue after I have begun, for any reason whatsoever. I understand that I have the right to ask questions and to know the purpose and objectives of my treatment program.

Having read this page, I hear by consent to participate in a Consultation, per Multicare Health Center's office policy the fee of \$49.00 is non-refundable. This one time Consultation Fee can be applied to your Stater Package once you decide to commit to a healthier lifestyle. Expires 90 days from signed agreement.

Dieter's Name: \_\_\_\_\_

Dieter's Signature: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

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

