



VITA HEALTH MED SPA

GLP-1

SEMAGLUTIDE-PYRIDOXINE (B-6)

\$225 = 1ml vial 50 MG / .05 ML daily oral 4 weeks

\$275= 1 ml vial @.25 MG 10 units for 4 weeks 20 units for 3 weeks 7 weeks total

\$275= 1 ml vial @.5 MG 20 units —5 WKS SUPPLY

\$280= 2 ml vial @1 MG 40 units—5 WKS SUPPLY

\$325= 3 ml vial 1.5 MG 60 units—5 WKS SUPPLY

\$375= 4ml vial 2.5 MG 96 units 4 WKS SUPPLY

TIRZEPITIDE PYRIDOXINE (B-6)

\$375 2.5 MG 1 ML VIAL—7 WKS 13 UNITS

\$445 5 MG 2 ML VIAL—7 WKS 27 UNITS

\$475 7.5 MG 2 ML VIAL—4 WKS 42 UNITS

\$575 10 MG 3ML VIAL—5 WKS 55 UNITS

\$600 12.5 MG 3 ML VIAL—4 WKS 69 UNITS

NAME _____ EMAIL _____

CARD# _____ EXP _____ SECURITY _____

ADDRESS _____ STATE _____ ZIP _____

PHONE NUMBER _____

PLEASE CIRCLE----SEMAGLUTIDE TIRZEPITIDE

DOSE _____

Please email the completed form back to: Vitainfo@Okss.com



VITA HEALTH MED SPA

Release of Liability and Patient Acknowledgment Form for Semaglutide and Tirzepatide Weight Loss Shots

Patient Name: _____ Date of Birth: _____

Medication Type and Dosage: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Introduction:

This form serves to inform you about the treatment you are about to receive, including potential side effects, risks, and your rights regarding the use of Semaglutide and Tirzepatide for weight loss. By signing this form, you acknowledge your understanding of the information provided, and you agree to release Vita Health Clinic and its associates from any liability related to this treatment.

1. Understanding of Treatment:

Semaglutide and Tirzepatide are prescription medications that may assist with weight loss in conjunction with a reduced-calorie diet and increased physical activity. These medications work by mimicking hormones that regulate appetite and insulin levels.

2. Potential Side Effects:

While Semaglutide and Tirzepatide can be effective for weight loss, they may also cause side effects, which can include, but are not limited to:

- | | |
|------------------------|-------------------------------|
| - Nausea | - Fatigue |
| - Vomiting | - Loss of appetite |
| - Diarrhea | - Abdominal pain |
| - Constipation | - Headache |
| - Dizziness | - Increased heart rate |
| - Risk of pancreatitis | - Risk of gallbladder disease |

Note: This list is not exhaustive. Other side effects may occur, and some patients may experience different reactions.

3. Acknowledgment of Risks:

I acknowledge that I have been informed of the potential side effects and risks associated with Semaglutide and Tirzepatide. I understand that individual results may vary and that not all patients will experience the same outcomes.

4. Medical History:

Please indicate your medical history by placing an "X" in the appropriate box:

- Weight gain: ☐ Yes ☐ No
- Hypertension: ☐ Yes ☐ No
- Diabetes: ☐ Yes ☐ No
- Thyroid disease: ☐ Yes ☐ No
- Pancreatitis: ☐ Yes ☐ No
- Seizures: ☐ Yes ☐ No
- Cancer: ☐ Yes ☐ No
- Alcohol use: ☐ Yes ☐ No
- Tobacco use: ☐ Yes ☐ No

5. Release of Liability:

I, the undersigned, hereby release and hold harmless Vita Health Clinic, its associates, employees, and agents from any and all liability, claims, demands, or causes of action that may arise from my treatment with Semaglutide and Tirzepatide. This release includes, but is not limited to, claims for personal injury, property damage, or medical expenses arising from the administration of these medications, whether caused by negligence or otherwise.

6. Patient Consent:

I affirm that I have had the opportunity to ask questions about the treatment and understand the information provided. I consent to the administration of Semaglutide and/or Tirzepatide for weight loss.

Signature over Printed Name: _____

Date Signed (mm/dd/yy): _____

Acknowledgment of Receipt:

I acknowledge that I have received a copy of this Release of Liability and Patient Acknowledgment Form.

Note: Please ensure all sections are completed before submitting this form to the clinic. All credit card information will be stored securely in accordance with applicable privacy laws.

Please email the completed form back to: Vitainfo@Okss.com