



## **Coleman Natural Health & Wellness**

# **The Medically Supervised Serotonin-Plus Weight Loss Program™**

## **Participant Agreement and Schedule of Assessments**

### **Introduction**

The Serotonin-Plus Weight Loss Program™ has been designed to help people achieve a more ideal body weight in a medically responsible and safe manner. The program foundation is behavior and lifestyle modification with a medical jumpstart. Average weight loss by the total program population is 35 pounds in 12 weeks. Many weight loss products and programs will produce weight loss in the short term, but the long-term results are often disappointing. The true success of a weight loss program is dependent upon the weight loss being maintained months and years later. Commitment is the key and it is necessary to maintain motivation to see optimum results.

### **Medical Supervision**

During the Serotonin-Plus Weight Loss Program™ you will be monitored weekly by Serotonin-Plus medical staff and the physician acting as medical director in the office at which you have your appointments. The medical staff and medical director will oversee the safety and efficacy of the Serotonin-Plus Weight Loss Program™ following the protocols developed by Dr. Robert Posner. This program is not designed to take the place of regular follow up with your primary care physician. By signing this agreement, you are acknowledging that Serotonin-Plus, Dr. Posner, Dr. Balda and the providers that administer and supervise your program shall be in no way held responsible for your medical care outside of this weight loss program. By signing this agreement, you are releasing all of the involved parties from any liability related to your medical care.

### **Schedule of Assessments, Medications and Supplements**

#### **Week 1**

- Physician, PA or NP visit for a complete physical examination
- EKG
- General Lab work will be ordered
- Dietary program consultation
- Prescribing of the Serotonin Formula™ and possibly the appetite suppressant, phentermine.
- Phentermine dose: ½ tablet at 1:00 P.M., ½ tablet at 4:00 P.M.

- Serotonin Formula™ dose: 2 tablets after breakfast, 2 tablets before dinner
- Serotonin-Plus Multi Vitamin should be taken once daily

### **Weeks 2-11**

- Office visit for a “weigh-in”, blood pressure and pulse check, and detailed review of food intake and exercise.
- Prescribing of Phentermine and Serotonin Formula™
- Phentermine: ½ tablet at 1:00 P.M., ½ tablet at 4:00 P.M
- Serotonin Formula™: 2 tablets after breakfast, 2 tablets before dinner
- Serotonin-Plus Multi Vitamin should be taken once daily

### **Week 12**

- Office visit for a “weigh-in”, blood pressure and pulse check, review of lifestyle changes achieved over the course of the program
- Serotonin Formula™: 2 tablets after breakfast, 2 tablets with lunch, 2 tablets before dinner
- Serotonin-Plus Multi Vitamin should be taken daily
- Concluding Consultation or Program Continuation

## **Medications and Supplements**

### **Serotonin Formula™**

The Serotonin Formula™ is a unique, patented direct serotonin supplement and has been subjected to a number of human studies as well as animal toxicology studies. There have been no significant side effects associated with the usage of the Serotonin Formula™. If you are taking other medications which work on the serotonin system, such as Prozac®, Zoloft®, Paxil® and other “SSRIs” please let us know. The Serotonin-Formula is safe for use with these medications; however, your provider may choose to adjust your dose of the Serotonin Formula™ at the beginning of your program.

Supplements such as Saint Johns Wort and 5-HTP should not be used while using the Serotonin Formula™. The Serotonin Formula™ acts as a mild natural appetite suppressant, reduces carbohydrate cravings and the tendency to binge eat.

### **Phentermine**

Phentermine is an appetite suppressant structurally similar to amphetamines and is indicated only as a short-term treatment for exogenous obesity. Phentermine is approved for usage by the United States FDA. About seven years ago, Phentermine was used in combination with another appetite suppressant, fenfluramine. This combination was nicknamed “Fen-Phen”, and it became a very popular treatment for obesity. There were millions of people who were taking “Fen-Phen” for weight loss. However, it was noted that there was an increased frequency of heart valve dysfunction in people who used this combination treatment. Studies demonstrated that fenfluramine was the cause of the heart valve dysfunction and soon thereafter, the FDA

removed fenfluramine from the market. However phentermine is very safe and has been on the market since 1959.

Phentermine may have a number of potentially minimal side effects including nervousness, irritability, insomnia, dizziness nausea, dry mouth and skin rashes. However, we split the dosage throughout the day to minimize the side effects.

Phentermine should not be taken with other amphetamines, alcohol or medications used for attention deficit disorder. If any of the following symptoms occur, call the office immediately.

- Fast, pounding or irregular heartbeats
- Chest pains
- Severe headaches
- Difficulty breathing
- Skin rash or severe itching
- Uncontrolled body movements or seizures
- Blurred vision, confusion or hallucinations

### **Expected Results**

As with any weight loss program, results will vary depending on a number of factors including:

- The person's ability to follow the nutritional and fitness recommendations
- The response to the Serotonin Formula™ and phentermine
- The motivation and commitment of the participant

Independent studies have shown that the use of phentermine alone can account for 1.8 pounds of weight loss per week. A double-blind, placebo-controlled study demonstrated that the Serotonin Formula™ produced 0.5 pounds of weight loss per week. With the addition of a controlled diet and exercise an additional one (1) pound per week on average is lost. Average weight loss is about 35 pounds in 12 weeks for the Serotonin-Plus Weight Loss Program™.

Because individuals differ in their response to medications, supplements and behavioral modification, there is no guarantee that every participant will lose this amount of weight. There are no warranties, guarantees or any other implied "promise" of a certain amount of weight loss.

### **Participant Agreement**

I hereby acknowledge that I read all of the above information and all of my questions have been answered to my satisfaction. I also acknowledge that I am aware of the possible side effects of phentermine and I will report to the medical staff any side effects that are of concern to me or any side effects that have been listed on this document.

Furthermore, I understand that even though the weight loss results average around 35 pounds over the 12 weeks of the program, my results may be less or more than this.

I agree to have my “before” and “after” photo taken or perform a video recording highlighting my success throughout the program, and I allow the medical staff to use this photo for marketing purposes. (Initials : \_\_\_\_\_)

I understand that the Serotonin-Plus Weight Loss Program™ does not participate with any insurance carriers. I understand that I am responsible for payment of the full 12 week program without the option of refund.

I agree to the terms of the Serotonin-Plus Weight Loss Program™.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



**COLEMAN NATURAL HEALTH & WELLNESS**

**PATIENT PAYMENT AGREEMENT**

I \_\_\_\_\_ understand that I am being offered a Pay in Full or CareCredit payment plan by Coleman Natural Health & Wellness. I am aware, understand and agree that I am responsible for the full 12 (twelve) week weight loss program and the total cost of \_\_\_\_\_. This includes a full medical clearance, weekly follow up exams, prescription for phentermine, 3 bottles of Serotonin Weight Management Formula, 1 bottle of Serotonin-Plus multivitamin, and weight loss program guidelines and information. I also understand that I am separately responsible for the cost of the phentermine prescription and any additional bottles of supplement.

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**Please Check One:** (Cash or Credit only)

\_\_\_\_\_ **Pay in Full for Program** – Pay now for the total cost of the twelve week program with included discount price of **\$900.00**.

\_\_\_\_\_ Coleman Natural Health & Wellness **Financing Plan – 4 payments of \$250.00** – First payment due upon starting the program, second payment due on 4<sup>th</sup> visit, third payment due on 8<sup>th</sup> visit, and the final payment due on the last visit. Total program price of **\$1,000.00**

\_\_\_\_\_ **Care Credit** – Care Credit pays upfront the **\$1,000.00** program and they allow you to set up a payment plan for up to 6 months with NO-interest. You can apply for Care Credit at [www.carecredit.com](http://www.carecredit.com).

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I \_\_\_\_\_ understand that if I would like to continue the program past twelve weeks I will be responsible additional fees.

I understand that there will be no refunds made for any costs associated with the program. In addition, if there are any medical contraindications found by the medical staff at the first visit, which will not allow me to continue the program; I will still be responsible for the first visit.

Print Name: \_\_\_\_\_ Legal Signature: \_\_\_\_\_

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



*Coleman Natural Health & Wellness*

## **Patient Waiver**

I, \_\_\_\_\_, acknowledge that I have been given the choice to have my prescription of Phentermine 37.5mg filled at the pharmacy of my choice or at Coleman Natural Health & Wellness.

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