

**DR. GEOFF'S MEDICAL WEIGHT LOSS  
INITIAL VISIT EXPLANATION SHEET**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INITIAL COST: \$145.00 TO JOIN THE PROGRAM**

THIS AMOUNT WILL INCLUDE A SEMINAR AND OFFICE VISIT CONDUCTED BY DR. GEOFF, NUTRITIONAL COUNSELING, A FOLDER OF INFORMATIONAL MATERIALS TO ASSIST YOU IN YOUR WEIGHT LOSS AND A BRIEF PHYSICAL EXAM. DEPENDING ON THE HEALTH HISTORY OF THE CLIENT AND AN ADEQUATE BODY MASS INDEX (BMI), THE PRICE MAY INCLUDE A FIFTEEN (15) DAY SUPPLY OF MEDICATION, ALONG WITH A VITIMIN B-12 INJECTION.

IN FIFTEEN (15) DAYS, YOU WILL THEN COME BACK FOR YOUR FIRST FOLLOW-UP VISIT AND ANOTHER FIFTEEN (15) DAY SUPPLY OF MEDICATION, IF ORDERED.

**\*\*PLEASE NOTE THAT THIS SECOND CYCLE OF FIFTEEN (15) DAY SUPPLY IS AT AN ADDITIONAL COST AND NOT INCLUDED IN THE CONSULTATION FEE OF \$145.00, IF ORDERED.**

- WE ACCEPT MASTERCARD, VISA, DEBIT, CASH, AND HSA (HEALTH SAVINGS ACCT.)**
- NO \$100 BILLS, CHECKS, OR AMERICAN EXPRESS WILL BE ACCEPTED.**
- PLEASE PROVIDE PHOTO ID TO NURSE TO MAKE A COPY FOR OUR RECORDS (DRIVER'S LICENSE OR PASSPORT).**

**PATIENT SIGNATURE:** \_\_\_\_\_

**STAFF WITNESS:** \_\_\_\_\_