

# **Eze Wellness & Weight Loss- Program Selection & Contract** (Rev. 2/2024)

## **"Get the Weight Off" Program**

**Monthly Plan- \$230 / month (4 visits)**

*This program concentrates on aggressive weight loss goals to healthily reduce your weight while learning and adapting to the new lifestyle and habit changes necessary to maintain it. (Goal loss of 20 lbs or more)*

### **"Get the Weight Off" Plans Includes:**

Detox Initiation (2 weeks)

Medical & nutritional evaluation

Transdermal Nutrient Patches (when in supply)

Energy-boosting B-12 (weekly) \*\*

Behavior Modifications Counseling

Appetite control medication (prescription) & supplements

Initial Medical Exam and Evaluation by EKG (1<sup>st</sup> visit)

Body Composition Analysis (every visit) w/ Inbody App

Nutrition and Exercise Counseling

Weight Loss monitoring & plan modifications (weekly)

**\*\*Optional Lipotropic Injection for additional cost of \$35 per shot - Lipotropic shot discounted to \$30 /shot with 4-shot purchase \*\*\***

## **"Keep the Weight Off" Program**

**Monthly Plan- \$160/ month (2 visits)**

*Typically follows completion of the "Get the Weight Off" Program once you have achieved your weight loss goal. It is designed to keep you on track for long- term success in maintaining your desired weight.*

### **"Keep the Weight Off" Plans Includes:**

Bi-weekly (twice monthly) office visits – every 2 weeks

Body Composition Analysis w/ InBody App

B-12 shots (2 total) \*\* / Nutrient Patch

Exercise & Nutritional Counseling

Individualized Behavior Modification Counseling

Prescription for appetite suppressant

**\*\*Optional Lipotropic Injection for additional cost of \$35 per shot. Lipotropic shot discounted to \$30 /shot with 4-shot purchase \*\***

## **"Break the Plateau" Program**

**Monthly Plan- \$330/month (4 visits)**

*This 4-week program helps those that have successfully lost weight but have reached a plateau (weight loss stagnation) and have not yet achieved their weight loss goal. ( 2-3 lbs of weight loss per week. Results vary.)*

### **"Breaking the Plateau" Plans Includes:**

Medical & nutritional evaluation

Keto-Inspired Diet w/ Intermittent Fasting

Natural Weight Loss / Appetite Suppressants\*\*

Weight-loss monitoring & plan modifications (weekly)

Behavior Modifications Counseling

Body Composition Evaluation (every visit)

Customized Weekly Exercise Regimen (goal-based)

Nutrition and Exercise Counseling

Enhanced Lipotropic Injections (weekly) w/ Nutrient Patch

Weight Loss monitoring & plan modifications (weekly)

**\*\* Eze Crave Control Capsules are naturally formulated to reduce appetite and support weight loss**

## **"No Shots" Weight Loss Program**

**Monthly Plan- \$130/month (4 visits)**

*This 4-week program is designed for those who desire guidance and monitoring through a regimented weight loss program with supplements and NO SHOTS. Achieve your weight loss goal without the use of injectable vitamins.*

Detox Diet (1<sup>st</sup> two weeks)

Medical & nutritional evaluation

Wellness & Weight Loss Meal Plan

Natural Weight Loss Supplement (Chromium)

Nutrient Patch (infused with B12 & fat burning amino acids)

Body Composition Evaluation (every visit)

Customized Weekly Exercise Regimen

Nutrition, Exercise & Behavior Modification Counseling

Prescription for Medicated Appetite Suppressant (optional)

**\*\*Optional: Eze Crave Control Capsules (Natural Appetite Suppressants) - \$35 (90 caps)\*\***

## "Semaglutide Slim Down" / Tirzepatide Weight Loss Plans\*\*

Monthly Plan- Prices Vary (see below)

**\*\*Qualified patients only \*\***

<u>SEMAGLUTIDE PLAN #1 (0.25 MG weekly dose)</u>	\$390 / 4 visits (Month 1)
<u>SEMAGLUTIDE PLAN #2 (0.50 MG weekly dose)</u>	\$465 / 4 visits (Month 2)
<u>SEMAGLUTIDE PLAN #3 (1 MG weekly dose)</u>	\$ 540 / 4 visits (Month 3)
<u>SEMAGLUTIDE PLAN #4 (1.7 MG weekly dose)</u>	\$615 / 4 visits (Month 4)
<u>SEMAGLUTIDE PLAN #5 (2.5 MG weekly dose)</u>	\$ 690 / 4 visits (Month 5) <i>*max dose</i>

<u>TIRZEPATIDE PLAN #6 (2.5 MG weekly dose)</u>	\$480 / 4 visits (starting dose)
<u>TIRZEPATIDE PLAN #7 (5 MG weekly dose)</u>	\$520 / 4 visits (maintenance dose)

### ***Each Semaglutide or Tirzepatide 4-Week Plan includes:***

*Detox Diet Initiation (first 2 weeks) / Semaglutide or Tirzepatide selected weekly dose (4 doses)*

*Lipotropic Injections (weekly x 4 shots) / Transdermal Nutrient Patches*

*Chromium 200 mcg supplement (30 day supply) + Detox Antioxidant Supplement (14-day supply)*

*Body Composition Evaluation (every visit) / Nutrition, Exercise & Behavior Modifications counseling*

***\*Increase to higher dose every 4 weeks is optional- Recommended optimal effective dose varies\****

## "Semaglutide Slim Down" – Direct Order SHOTS ONLY (pre-paid) **\$550**

### **Semaglutide 2.5 mg/ml (4 ml)**

- 4 - 8 weeks supply of Semaglutide (two 2 ml vials) (according to variable weekly dose)
- Includes supplies (syringes / needles) for weekly self-injection at home (instructions provided)
- Option for weekly or bi-weekly InBody Analysis separately (additional \$35 fee per analysis)

**\*2 week turnaround for pre-paid order -pick up from office or shipped w/ fee\***

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### **Select Your Desired Program:**

**"Get the Weight Off" Program** \_\_\_\_\_ (\$230 / month- 4 visits)

**\*\* Multi-Month Option (\$75 off)** \_\_\_\_ 3 Months \_\_\_\_ 6 Months \_\_\_\_ 9 Months

**"Keep the Weight Off" Program** \_\_\_\_\_ (\$160 / month – 2 visits)

**"Semaglutide Slim Down" / "Tirzepatide" Program** \_\_\_\_\_ (by selection)

**Semaglutide Direct Order** \_\_\_\_\_ (\$550)

**"Break the Plateau" Program** \_\_\_\_\_ (\$330 / month – 4 visits)

**"No Shots" Program** \_\_\_\_\_ (\$130 / month – 4 visits)

### **ADHERENCE TO WEIGHT LOSS PROGRAM**

I understand that while on the Eze Wellness and Weight Loss Program, it is my responsibility to adhere to the recommendations given in order to achieve my weight loss goals. I acknowledge all potential risks of starting a Medical Weight Loss program and I have been cleared by my physician prior to beginning this program. It is my responsibility to follow up weekly or bi-weekly according to my selected plan in order for me to achieve my desired results.

### **SERVICE & PAYMENT POLICY**

I understand that **FULL** payment for all programs will be due at the time of service and that this payment is **non-refundable**. I also understand that program costs are according to established fees at the time the contract is signed and that there will be no submission of fees to a Health insurance company. Also, the monthly fee for each plan is due every 4 weeks, even in my absence on bi-weekly or weekly follow-up visits. A new contract is to be signed for program changes or when in absence from regular follow up visits greater than 4 weeks.

**By Signing, I (Patient Name- print)** \_\_\_\_\_ **agree to the terms of this contract as stated above.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**