

PEPTIDE THERAPY CONSENT AND WAIVER

Peptides are small chains of amino acids that can have biological activity. They are mostly naturally occurring, Some peptides are FDA approved for the treatment of certain diseases. Other peptides used clinically are prepared by duly registered compounding pharmacies complying with all state and federal laws. Peptides can be administered in various presentations, including but not limited to oral, intravenous, subcutaneous, intramuscular, and intranasal routes.

As with any other drug, peptide therapies can have side effects, including but not limited to:

- Nausea
- Vomiting
- Fever
- Injection site reactions (pain, rash, bleeding)
- Allergies, including life threatening allergies
- Additional side effects not listed

CONSENT FOR TREATMENT: I understand that I am consenting to peptide therapy for off label use. I understand that not all peptides are not FDA approved.

I have assessed this risk on a personal basis, and my perceived value of the medication outweighs the risk. I am, therefore, voluntarily choosing to undergo peptide therapy despite the information I was given by my treating Provider.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk, or loss (including death) that may be sustained by me in connection with my decision to undergo this medication therapy.

I hereby release and agree to hold harmless Fusion Healthy Aging and their physicians, nurses, officers, directors, employees, and agents from any and all liability, claims, demands, and actions arising or related to any loss, property damage, illness, injury, or accident that may be sustained by me as a result of peptide therapy.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Patient Signature for Pentide Therapy Consent	Date:	
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I hereby agree to the document above.		