Lemon-AID
Medical Management

WEIGHT MANAGEMENT MEDICATION TREATMENT CONSENT

INFORMED CONSENT INSTRUCTIONS. This is an informed consent document. It provides written information about weight management treatment with prescription medication, including the risks, benefits, and alternatives. Please understand this information before proceeding with treatment. Please ask your treatment provider any and all questions before signing this form. Do not sign it if there is anything in it you do not understand.

HOW THIS FORM IS ORGANIZED.

Part 1 applies to every patient**.**

Part 2 applies to you if you are prescribed a GLP-1 or GIP/GLP-1 receptor agonist injection, such as semaglutide or tirzepatide.

Part 3 applies to you if you are prescribed an appetite suppressant, such as phentermine.

Part 4 applies to every patient.

Please read Part 1 and Part 4, and read the part or parts that cover the medication prescribed to you. If your medication changes later, the part covering the new medication applies from that point forward without you needing to sign a new form, and your provider will review it with you.

I read, write, and understand English, or an interpreter has been provided to me and I have had the opportunity to ask questions. Patient Initials: _____

PART 1: INFORMATION THAT APPLIES TO ALL WEIGHT MANAGEMENT MEDICATION

CONSENT TO TREATMENT

I, _____, consent to treatment by the physicians, advanced practice providers, and clinical staff of Lemon-AID Medical Management using prescription weight management medication for elective chronic weight management.

Treatment benefits vary by individual, but may include reduced appetite, a feeling of fullness, and changes in how the body uses stored fat, which may result in weight loss. Additional weight-management benefits may include improved blood sugar control and, in some populations, a reduced risk of adverse cardiovascular events. No specific result is promised to me.

MEDICATION THAT MAY BE PRESCRIBED

Based on my treatment provider's clinical judgment, my prescription may be written for any of the following, and the medication prescribed to me may change during treatment:

- Semaglutide, a GLP-1 receptor agonist, available under the brand name Wegovy®, or tirzepatide, a dual GIP and GLP-1 receptor agonist, available under the brand name Zepbound®. Part 2 of this form applies.

© 2026 Lemon-AID Medical Management. All rights reserved.

- A compounded preparation of semaglutide or tirzepatide, which may be combined with vitamin B6, vitamin B12, or other components included in the formulation the compounding pharmacy prepares. Part 2 of this form applies.
- An appetite suppressant such as phentermine, or a related medication in the same class such as diethylpropion, phendimetrazine, or benzphetamine. Part 3 of this form applies.

I understand that I should tell my treatment provider about any allergy or sensitivity I have to these or any other ingredients before my prescription is written, and that the specific medication, dose, and schedule prescribed to me are documented in my medical record at each visit.

PURPOSE OF TREATMENT AND GENERAL INFORMATION

HOW THESE MEDICATIONS WORK. Weight management medications work in different ways. GLP-1 and GIP/GLP-1 receptor agonists, such as semaglutide and tirzepatide, are given by injection under the skin and mimic hormones that slow the movement of food out of the stomach, reduce appetite, and increase the feeling of fullness. Appetite suppressants such as phentermine are taken by mouth and act on the central nervous system to reduce appetite. Each of these medications is intended to be used with a reduced-calorie eating plan and increased physical activity, and none works well without those changes.

WHO THIS TREATMENT IS FOR. These medications are used for weight management in adults with obesity (body mass index of 30 or greater) or in adults who are overweight (body mass index of 27 or greater) with at least one weight-related condition, such as high blood pressure, type 2 diabetes, obstructive sleep apnea, or high cholesterol. My provider has reviewed my height, weight, body mass index, medical history, and medication list with me to determine whether I am an appropriate candidate.

OBESITY IS A CHRONIC CONDITION. These medications treat it while they are being taken; they do not cure it. Weight regain is common after stopping. Depending on the medication prescribed to me, treatment may be intended for long-term or maintenance use, or for a shorter defined period, and my treatment provider has explained which applies to me.

WHAT TO EXPECT DURING TREATMENT

My treatment provider will begin with a consultation that includes blood work to check my lab values, a check of my weight, blood pressure, and heart rate, and a review of my health and medication history to determine whether I am a good candidate for weight management medication. I will receive counseling on nutrition and exercise recommendations to use alongside treatment, including reducing calories, increasing protein intake, and increasing physical activity.

If I am prescribed an injectable medication, I will be taught how to perform the injections at home just below the surface of the skin (subcutaneously). This treatment has no downtime. I may feel minor discomfort during the injection, similar to an insulin injection. If I am prescribed an oral medication, I will be told how and when to take it. In either case, I will be prescribed a dose adjusted for my individual needs in accordance with my treatment plan, and treatment over the course of weeks to months is needed to achieve results.

© 2026 Lemon-AID Medical Management. All rights reserved.

DOSING ADJUSTMENTS AND TREATMENT REGIMEN. Dosing adjustments will be made by my treatment provider based on my body's response and any side effects I experience. I will return to the office for follow-up visits, monitoring, and dose adjustments about once per month, with lab work as ordered, until I have reached my weight management goals.

MAINTENANCE. Once I have achieved my goal, I may be weaned to a lower dose at specified intervals, placed on a maintenance protocol, or transitioned off the medication, depending on which medication I am taking and my response to it.

I understand the treatment goal is weight loss, that ongoing treatment will be necessary to achieve desired results, and that I will be given education on how to take my medication and will maintain monthly follow-ups with my treatment provider. Patient Initials: _____

PRESCRIPTION AND PHARMACY

LEMON-AID MEDICAL MANAGEMENT DOES NOT DISPENSE, PREPARE, OR SHIP MEDICATION. My treatment provider evaluates me, determines whether this treatment is appropriate, and writes a prescription. That prescription is sent to a licensed pharmacy, which fills it and ships the medication directly to me. All medication I receive comes from the pharmacy, not from Lemon-AID Medical Management.

I understand that the pharmacy is an independent business and is not owned or controlled by Lemon-AID Medical Management, and that the pharmacy is solely responsible for filling my prescription, for the preparation, quality, purity, strength, labeling, and packaging of the medication, and for shipping it to me. Lemon-AID Medical Management is responsible for my medical care and prescribing decisions and does not control the pharmacy's operations.

My medical consultation includes the cost of the medication when my prescription is filled by the pharmacy Lemon-AID Medical Management works with. I may instead use a pharmacy of my own choosing. If I do, my consultation does not cover the cost of the medication, shipping, or any other fee that pharmacy charges, and I am responsible for paying it directly.

SHIPPING AND DELIVERY. I am responsible for providing a correct, current shipping address and for being able to receive my package. I understand that shipments may be delayed, lost, or damaged in transit, and that these medications require refrigeration. When my package arrives, I will open it promptly, inspect the contents, and refrigerate the medication as directed. If the medication arrives warm, frozen, leaking, damaged, past its beyond-use or expiration date, or otherwise not as expected, I will not use it, and I will contact Lemon-AID Medical Management.

I understand that the pharmacy handles replacement of a lost, delayed, damaged, or improperly stored shipment under its own policies, and that Lemon-AID Medical Management does not control and is not responsible for those outcomes.

I understand that Lemon-AID Medical Management writes my prescription and does not dispense or ship medication, and that a licensed pharmacy fills the prescription and ships it directly to me. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

TREATMENT BENEFITS

Benefits of weight management medication may include:

- Weight reduction and ongoing weight management
- Improved blood sugar control
- Improved blood pressure and cholesterol in some patients
- Reduced risk of adverse cardiovascular events related to obesity

I understand the possible benefits of this weight management treatment, and I understand that none of them is guaranteed to me. Patient Initials: _____

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical treatment consist of: no treatment whatsoever; diet and lifestyle modification; increased physical activity; behavioral and nutritional counseling; other medication therapies, including other FDA-approved weight management medications; and bariatric surgery. Every treatment involves a certain amount of risk. An individual's choice to undergo treatment is based on a comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, I should discuss my concerns and potential risks with my treatment provider in order to make an informed decision.

It has been explained to me that alternative treatments are available, including the alternative of no treatment at all. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

PART 2: GLP-1 AND GIP/GLP-1 RECEPTOR AGONIST INJECTIONS

This part applies to me if I am prescribed semaglutide or tirzepatide, whether as an FDA-approved brand-name product or as a compounded preparation. If I am prescribed only an appetite suppressant, this part does not apply to me and I should go to Part 3.

FDA APPROVAL STATUS OF MY MEDICATION

Semaglutide is FDA-approved for chronic weight management under the brand name Wegovy®. Tirzepatide is FDA-approved for chronic weight management under the brand name Zepbound®. If I am prescribed one of these brand-name products for weight management, I am being treated with a medication that the U.S. Food and Drug Administration has reviewed and approved for that purpose.

A compounded semaglutide or compounded tirzepatide preparation is a different thing. It is not an FDA-approved product, and the FDA has not reviewed it for safety, effectiveness, or quality. If my prescription is written for a compounded preparation, the disclosure in the next section applies to me and I should read it carefully.

I understand that there may be unknown risks, side effects, and outcomes not listed in this document, and that the long-term effects of these medications are still being studied. I am willing to accept the potential risks, both known and unknown, that my treatment provider has discussed with me.

I have read and understand the FDA approval status of the medication prescribed to me. Patient Initials: _____

COMPOUNDED MEDICATION DISCLOSURE

This section applies if I am prescribed compounded semaglutide or compounded tirzepatide, including any formulation combined with vitamin B6, vitamin B12, or other nutritional supplements. If my prescription is written for an FDA-approved brand-name product only, this section does not apply to me.

A compounded drug is prepared by a licensed compounding pharmacy for an individual patient, in response to a prescription. Compounded drugs are NOT FDA-approved. The FDA does not review compounded preparations for safety, effectiveness, or quality before the pharmacy dispenses them, and compounded products do not carry FDA-approved labeling, a medication guide, or the clinical trial evidence that supports the brand-name products.

I understand that federal law limits when a pharmacy may prepare and dispense a compounded version of a commercially available drug, and that the regulatory status of compounded semaglutide and tirzepatide has changed over time. I understand that the compounding pharmacy—not Lemon-AID Medical Management—prepares, tests, labels, and dispenses any compounded product I receive, and is responsible for its quality and compliance with the laws that govern compounding. I understand that a compounded product is not interchangeable with an

© 2026 Lemon-AID Medical Management. All rights reserved.

FDA-approved product, that its strength and concentration may differ, and that I must not assume the dose or the markings on my syringe are the same as those of a brand-name pen.

DOSING ERRORS. I understand that serious dosing errors have been reported with compounded products supplied by pharmacies in vials that require me to measure my own dose, including errors caused by confusing syringe units with milligrams or milliliters. I agree to use only the dose written in my prescription, measured with the syringe the pharmacy supplies and according to the pharmacy's labeled instructions, to review my measuring technique with my treatment provider before I inject at home, and to contact Lemon-AID Medical Management immediately if I am unsure how much to draw up or believe I have taken the wrong dose.

I understand that if a compounded product causes a reaction or appears defective, discolored, cloudy, or contaminated, I should stop using it, contact the dispensing pharmacy and my treatment provider, and that I can also report adverse events directly to the FDA through MedWatch.

I have read and understand the compounded medication disclosure and I consent to receive a compounded product if one is prescribed to me. Patient Initials: _____

POSSIBLE RISKS AND SIDE EFFECTS

BOXED WARNING — RISK OF THYROID C-CELL TUMORS. In studies in rodents, semaglutide and tirzepatide caused thyroid C-cell tumors, including medullary thyroid carcinoma (MTC). It is not known whether these medications cause such tumors in humans. These medications must NOT be used by anyone with a personal or family history of medullary thyroid carcinoma or with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). I will report to my treatment provider any persistent hoarseness, difficulty swallowing, shortness of breath, or a mass or lump in my neck.

Possible side effects and risks of semaglutide and tirzepatide weight management treatment may include:

1. GENERAL INJECTION SIDE EFFECTS. There is a risk of discomfort, pinpoint bleeding, pain at the injection site, bruising, redness, swelling, allergic reaction, damage to deeper structures, or gastrointestinal side effects.

2. GASTROINTESTINAL UPSET. The most common side effects include nausea, vomiting, diarrhea, constipation, indigestion, belching, bloating, and abdominal pain. Slow titration may help prevent these side effects, and dosing may be adjusted if they persist. My treatment provider can offer medications and recommendations to help relieve them, including eating slowly, eating bland foods, avoiding greasy foods, and avoiding lying down immediately after eating.

3. FATIGUE, DIZZINESS, AND HEADACHE. Some patients experience fatigue, dizziness, or headache, which may result from low blood sugar or eating and drinking too little. I will discuss these symptoms with my provider if I experience them.

4. LOW BLOOD SUGAR (HYPOGLYCEMIA). There is an increased risk of low blood sugar, especially in patients with type 2 diabetes who also take insulin or a sulfonylurea. Symptoms may include

© 2026 Lemon-AID Medical Management. All rights reserved.

dizziness, headache, lightheadedness, rapid heartbeat, mood changes, irritability, weakness, shakiness, slurred speech, confusion, or hunger. If I have diabetes, I will check my blood sugar as directed, and my other diabetes medications may need to be reduced.

5. INCREASED HEART RATE. I may experience an increased heart rate at rest. I will contact my treatment provider if my heart races or I feel a pounding sensation in my chest lasting several minutes or longer.

6. ALLERGIC REACTION OR HYPERSENSITIVITY. Although rare, allergic reactions or serious hypersensitivity may occur. Signs include hives, difficulty breathing, and swelling of the face, lips, tongue, or throat. Additional treatment may be necessary, and a severe reaction is a medical emergency.

7. RUNNY NOSE AND SORE THROAT. Common side effects include a runny nose and sore throat. I will tell my provider if these persist or become bothersome.

8. BLEEDING, BRUISING, AND REDNESS. Minor pinpoint bleeding during and after injection is possible, as are bruising, redness, and swelling in soft tissue.

9. INFECTION. Although rare, if an infection occurs at an injection site, additional treatment including antibiotics or an additional procedure may be necessary.

10. DEPRESSION, MOOD CHANGES, AND SUICIDAL THOUGHTS. New or worsening depression, changes in mood or behavior, or thoughts of self-harm have been reported by some patients taking these medications. Regulatory reviews have not established that the medication causes these effects, but I will report any new or worsening changes in mood, behavior, thoughts, or feelings to my healthcare provider right away.

11. PANCREATITIS. Inflammation of the pancreas may occur. If I experience persistent severe pain in my stomach or back, with or without vomiting, I will contact my treatment provider right away or seek emergency care.

12. GALLBLADDER INFLAMMATION AND GALLSTONES. Gallbladder problems, including gallstones, may occur, particularly with rapid weight loss. Signs include pain in the upper stomach, yellowing of the skin or eyes, clay-colored stools, and fever. Some gallbladder problems require additional treatment, including surgery or hospitalization, at my expense.

13. GASTROINTESTINAL BLOCKAGE, ILEUS, AND GASTROPARESIS. Although rare, there is a risk of stomach blockage or ileus resulting from decreased movement of food and fluid through the intestine, and of delayed stomach emptying (gastroparesis) that may persist. Symptoms include persistent constipation, stomach cramping and swelling, loss of appetite, inability to pass gas, and vomiting. This can be serious and life-threatening if untreated, and may require hospitalization or surgery at my expense.

14. DEHYDRATION AND ACUTE KIDNEY INJURY. Nausea, vomiting, and diarrhea can lead to dehydration, which can cause acute kidney injury or worsen existing kidney impairment. I understand that drinking adequate fluids is important to reduce this risk.

© 2026 Lemon-AID Medical Management. All rights reserved.

15. THYROID C-CELL TUMORS. As described in the boxed warning above, there is a potential risk of thyroid C-cell tumors. I will report any history, signs, or symptoms of thyroid tumors to my treatment provider.

16. CHANGES IN VISION. Patients with diabetic retinopathy may experience worsening of retinopathy with rapid improvement in blood sugar control. Separately, cases of sudden, usually painless, loss of vision in one eye due to non-arteritic anterior ischemic optic neuropathy (NAION) have been reported in patients taking semaglutide. This is a rare event, and the relationship to the medication continues to be studied. I will report any change in vision to my treatment provider immediately and seek urgent care for sudden vision loss.

17. LOSS OF LEAN MUSCLE MASS. A meaningful portion of the weight lost during treatment may be lean muscle rather than fat. I understand that adequate protein intake and regular resistance or strength training are recommended to help preserve muscle, and that inadequate nutrition during rapid weight loss can cause weakness, fatigue, nutrient deficiencies, and bone loss.

18. ANESTHESIA, SEDATION, AND SURGERY. Because these medications slow stomach emptying, food may remain in the stomach longer than expected, which increases the risk of aspiration (stomach contents entering the lungs) during anesthesia or sedation. I agree to tell every surgeon, proceduralist, anesthesiologist, dentist, and endoscopy provider that I am taking a GLP-1 or GIP/GLP-1 medication, and to follow their pre-procedure instructions, which may include a clear-liquid diet for 24 hours beforehand, an extended fasting period, or holding a dose. I will not stop or restart my medication around a procedure without instruction.

19. HAIR THINNING AND CHANGES IN APPEARANCE. Hair shedding or thinning may occur with rapid weight loss. Loss of facial and body volume, and loose skin, may also occur and are not correctable by this treatment.

20. ALCOHOL. Alcohol may increase the risk of low blood sugar, dehydration, nausea, and pancreatitis. Some patients notice a change in how alcohol affects them. I will discuss alcohol use with my treatment provider.

21. INJECTION AND HANDLING ERRORS. Using the wrong dose, the wrong syringe, an expired or improperly stored product, or a reused needle can cause harm, including overdose, infection, or lack of effect.

22. UNKNOWN AND LONG-TERM RISKS. The long-term effects of these medications, particularly in compounded form and in people without diabetes, are not fully known.

This list is not exhaustive of all possible risks associated with semaglutide and tirzepatide weight management treatment, as there are both known and unknown side effects and risks associated with any medication or treatment.

I have read and understand the possible risks, side effects, and complications, including the boxed warning above. Patient Initials: _____

CONTRAINDICATIONS TO TREATMENT

Semaglutide and tirzepatide injections are contraindicated in those who:

© 2026 Lemon-AID Medical Management. All rights reserved.

- are pregnant, trying to become pregnant, or breastfeeding
- have ever had medullary thyroid carcinoma (MTC), or have a family history of MTC
- have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- have ever had a serious allergic reaction to semaglutide or tirzepatide, or to any ingredient in the product prescribed, including compounded formulations that may contain vitamin B12 or vitamin B6

I will tell my treatment provider if I have any other medical condition, including the following, as these injections may not be suitable for me:

- plan to become pregnant (semaglutide and tirzepatide should be stopped at least 2 months before pregnancy)
- have, or have had, problems with my pancreas or kidneys
- have type 1 diabetes, type 2 diabetes, or a history of diabetic retinopathy
- have gastroparesis, a history of bowel obstruction, or another significant gastrointestinal disorder
- have a history of gallbladder disease or pancreatitis
- have a history of an eating disorder
- have, or have had, depression, mental health issues, or suicidal thoughts
- am taking certain medications, including sulfonylureas or insulin
- am already taking another GLP-1 or GIP/GLP-1 medication, from this or any other provider

I have read and understand the contraindications to treatment, I affirm that I do not have any of the aforementioned conditions except as disclosed, and I have disclosed my pertinent medical history and complete medication list to my treatment provider. Patient Initials: _____

MEDICATION AND SUPPLEMENT INTERACTIONS

PRESCRIPTION AND OVER-THE-COUNTER MEDICATION, HERBAL AND NUTRITIONAL SUPPLEMENTS, AND MINERALS. I understand that certain herbal products, medications, and supplements may affect the way semaglutide or tirzepatide works, resulting in reduced effectiveness of treatment or additional side effects. Because these medications slow stomach emptying, they can affect the absorption of oral medications, which may change how well those medications work.

ORAL BIRTH CONTROL. Tirzepatide may reduce the effectiveness of oral hormonal contraceptives, particularly when treatment is started and after each dose increase. If I use oral birth control and am prescribed tirzepatide, I understand I should switch to a non-oral method of contraception, or add a barrier method, for 4 weeks after starting treatment and for 4 weeks after each dose increase.

I have read and understand the possibility of interactions with treatment, and I have given my provider a complete list of everything I take, including supplements and birth control. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

PREGNANCY, CONTRACEPTION, AND BREASTFEEDING

I deny the possibility of being pregnant at this time. I understand that semaglutide and tirzepatide may harm an unborn baby, and that the safety of their use during pregnancy and breastfeeding has not been established. If I am unsure whether I am pregnant, I will request a pregnancy test prior to treatment, and I understand my provider may require one.

If I am able to become pregnant, I agree to use an effective method of contraception throughout treatment, including the additional precautions described above if I am prescribed tirzepatide and use oral birth control. I further acknowledge that I should stop treatment at least 2 months before trying to become pregnant.

I agree to notify Lemon-AID Medical Management immediately if I become pregnant, believe I may be pregnant, or begin breastfeeding, and I understand that treatment will be stopped.

I deny the possibility of being pregnant at this time and acknowledge the risk of harm to an unborn child while taking semaglutide or tirzepatide. Patient Initials: _____

INJECTION HANDLING, STORAGE, AND DISPOSAL

I have been instructed in how to handle my injectable medication safely, and I agree that:

- I will follow the storage instructions on the label the pharmacy provides, will refrigerate my medication where required, will not freeze it, will protect it from light, and will keep it in its original carton or container.
- I will open and inspect each shipment as soon as it arrives and refrigerate the medication promptly, and I will not use it if it arrived warm, frozen, leaking, or damaged.
- I will check my syringe, pen, or vial before each injection and will not use it if the solution is cloudy, has changed color, contains particles, is leaking, or is past its beyond-use or expiration date.
- I will use a new, sterile needle for every injection and will never reuse or share needles, syringes, or pens.
- I will dispose of used needles, syringes, and pens in an FDA-approved sharps container, or in a heavy-duty plastic container with a puncture-resistant lid that stays upright and is labeled as hazardous waste, and will follow my community's guidelines for disposal. I will not put needles or pens in household trash or recycling.
- I will keep all medication and sharps out of the reach of children and pets.

I have read and understand how to store, handle, and dispose of my medication and supplies. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

PART 3: APPETITE SUPPRESSANT MEDICATIONS (PHENTERMINE AND SIMILAR)

This part applies to me if I am prescribed phentermine or a related appetite suppressant. If I am prescribed only an injectable GLP-1 or GIP/GLP-1 medication, this part does not apply to me and I should go to Part 4.

WHAT THESE MEDICATIONS ARE

Phentermine is a sympathomimetic amine — a stimulant chemically related to amphetamine — that reduces appetite by acting on the central nervous system. It is taken by mouth. Diethylpropion, phendimetrazine, and benzphetamine are related appetite suppressants in the same class; if one of those is prescribed to me instead, everything in this part applies to it as well.

Phentermine is FDA-approved as a short-term addition (a few weeks, generally up to 12 weeks) to a reduced-calorie diet and exercise for weight reduction in adults with obesity, or in adults who are overweight with weight-related risk factors. I understand that my treatment provider has explained the intended duration of my treatment, that I will be re-evaluated before treatment is continued or restarted, and that the decision to continue, change, or stop this medication is a clinical one made at my follow-up visits.

I understand that the effect of an appetite suppressant may lessen over time as my body adjusts to it, and that the correct response to that is a re-evaluation by my provider, not a higher dose taken on my own.

If I am prescribed a combination product that contains an additional active ingredient, such as topiramate, I understand that additional risks and precautions apply to that ingredient and that they will be provided and explained to me separately before I begin taking it.

I have read and understand what this medication is and how long I am expected to take it. Patient Initials: _____

CONTROLLED SUBSTANCE AGREEMENT

Phentermine and the related appetite suppressants named above are controlled substances. I understand and agree that:

- These medications can cause psychological and physical dependence and have a potential for misuse, abuse, and diversion.
- I will take my medication only as prescribed. I will not increase my dose, take extra doses, take it more often than directed, or take it in any way other than by mouth.
- I will obtain prescriptions for this class of medication from Lemon-AID Medical Management only, and I will not seek the same or a similar medication from another provider, clinic, or online source.
- I will fill these prescriptions at one pharmacy, and I will tell my provider if I need to change pharmacies.

© 2026 Lemon-AID Medical Management. All rights reserved.

- I will not share, sell, give away, or trade my medication. I understand that doing so is dangerous to others and is a crime.
- I will store my medication in a secure place, out of the reach and out of the sight of children, adolescents, visitors, and anyone else in my household.
- I understand that lost, stolen, damaged, or prematurely finished prescriptions are generally not replaced, and that early refills will not be authorized.
- I understand that prescriptions for controlled substances are reported to the Texas Prescription Monitoring Program, that my treatment provider may review my prescription history there at any time, and that I consent to that review.
- I understand that my treatment provider may ask me to bring in my medication for a pill count, or to complete a urine drug screen, and that phentermine can cause a positive result for amphetamine on some screening tests.
- I understand that if I do not follow this agreement, my treatment with this medication may be stopped.

I have read, understand, and agree to the controlled substance terms above. Patient Initials: _____

POSSIBLE RISKS AND SIDE EFFECTS OF APPETITE SUPPRESSANTS

Common side effects include increased heart rate, palpitations, elevated blood pressure, difficulty sleeping, restlessness, nervousness or anxiety, irritability, tremor, headache, dizziness, dry mouth, an unpleasant taste, constipation or diarrhea, nausea, and changes in sex drive.

1. INCREASED HEART RATE AND BLOOD PRESSURE. These medications can raise my heart rate and blood pressure. My blood pressure and pulse will be checked at each visit, and I may be asked to check them at home. I will report a racing or pounding heartbeat, a persistently elevated reading, chest pain, or shortness of breath to my provider right away.

2. INSOMNIA. Difficulty falling or staying asleep is common, particularly if the medication is taken later in the day. I will take my dose at the time of day my provider directs, generally in the morning, and will not take a late-day dose to "catch up" on a missed one.

3. NERVOUSNESS, ANXIETY, AND MOOD CHANGES. I may feel jittery, anxious, irritable, or emotionally reactive. I will report new or worsening anxiety, panic, agitation, depression, or thoughts of self-harm to my provider immediately.

4. DEPENDENCE, TOLERANCE, AND WITHDRAWAL. These medications can be habit-forming. Taking more than prescribed, or taking them for longer than directed, increases that risk. Stopping abruptly after prolonged use or high doses can cause fatigue, low mood, and sleep disturbance. I will not stop or change my dose without speaking to my provider.

5. PRIMARY PULMONARY HYPERTENSION. A rare but serious and potentially fatal increase in blood pressure in the lungs has been associated with appetite suppressant medications, and the risk may increase with longer use. I will report unexplained shortness of breath, especially with exertion, chest pain, fainting, or swelling in my legs or ankles to my provider immediately.

© 2026 Lemon-AID Medical Management. All rights reserved.

6. VALVULAR HEART DISEASE. Damage to the heart valves has been reported with certain appetite suppressant medications, particularly in past combination regimens. I will report a new heart murmur, shortness of breath, reduced exercise tolerance, or swelling to my provider.

7. SERIOUS CARDIOVASCULAR EVENTS. Stimulant medications carry a risk of dangerous heart rhythms, heart attack, and stroke, particularly in people with underlying heart disease or uncontrolled high blood pressure.

8. PSYCHIATRIC EFFECTS. Rarely, stimulant appetite suppressants can cause severe agitation, confusion, hallucinations, or psychosis, particularly at higher-than-prescribed doses.

9. GLAUCOMA AND EYE PRESSURE. These medications can raise the pressure inside the eye and should not be used by people with glaucoma. I will report eye pain, redness, or sudden changes in vision immediately.

10. DRIVING AND OPERATING MACHINERY. These medications may impair my ability to drive or operate machinery safely, particularly at the start of treatment or after a dose change, and dizziness may occur. I will be cautious until I know how the medication affects me.

11. ANESTHESIA AND SURGERY. Stimulant appetite suppressants can interact with anesthetic agents and can cause unstable blood pressure and heart rhythm during a procedure. I agree to tell every surgeon, proceduralist, anesthesiologist, and dentist that I take this medication, and to follow their instructions about holding it before a procedure.

12. DO NOT COMBINE. I will not take this medication together with another appetite suppressant, another stimulant, or another weight loss medication unless my treatment provider has specifically directed it, and I will limit caffeine and other stimulants, which can worsen side effects.

This list is not exhaustive of all possible risks associated with appetite suppressant medications, as there are both known and unknown side effects and risks associated with any medication or treatment.

I have read and understand the possible risks and side effects of appetite suppressant medication.
Patient Initials: _____

CONTRAINDICATIONS AND CAUTIONS FOR APPETITE SUPPRESSANTS

Appetite suppressants such as phentermine are contraindicated in those who:

- are pregnant, trying to become pregnant, or breastfeeding
- have known heart disease, including coronary artery disease, a prior heart attack, an abnormal heart rhythm, heart failure, stroke, or disease of the heart valves
- have uncontrolled high blood pressure, or high blood pressure that is moderate to severe
- have pulmonary hypertension
- have an overactive thyroid (hyperthyroidism)
- have glaucoma
- are in an agitated state, or have a history of drug or alcohol abuse
- have taken a monoamine oxidase inhibitor (MAOI) within the past 14 days

© 2026 Lemon-AID Medical Management. All rights reserved.

- have had an allergic or idiosyncratic reaction to a sympathomimetic amine

I will tell my treatment provider if I have or have had any of the following, as these medications may not be suitable for me or may require closer monitoring:

- high blood pressure that is currently controlled with medication
- palpitations, a fast resting heart rate, or a family history of sudden cardiac death
- anxiety, panic attacks, insomnia, bipolar disorder, or a history of psychosis
- a seizure disorder
- kidney or liver problems
- diabetes, particularly if I take insulin or a sulfonylurea, as my dose of those medications may need to change
- an eating disorder

I have read and understand the contraindications and cautions, I affirm that I do not have any of the aforementioned conditions except as disclosed, and I have disclosed my pertinent medical history and complete medication list to my treatment provider. Patient Initials: _____

INTERACTIONS WITH APPETITE SUPPRESSANTS

I understand that appetite suppressants interact with a number of medications and substances, including:

- MAOIs — taking a stimulant appetite suppressant within 14 days of an MAOI can cause a dangerous rise in blood pressure
- other stimulants, including medications for ADHD, decongestants such as pseudoephedrine, and caffeine
- antidepressants, including SSRIs and SNRIs, and other medications that affect serotonin
- blood pressure medications, whose effect may be reduced
- insulin and other diabetes medications, which may need to be adjusted
- alcohol, which may worsen side effects
- anesthetic agents used during surgery and procedures

I have given my treatment provider a complete list of everything I take, including prescription medications, over-the-counter medications, herbal products, supplements, and energy or weight loss products, and I will tell my provider before starting anything new.

I have read and understand the possibility of interactions with this medication. Patient Initials: _____

PREGNANCY AND APPETITE SUPPRESSANTS

I deny the possibility of being pregnant at this time. Appetite suppressant medications must not be used during pregnancy, because weight loss during pregnancy offers no benefit to a developing baby and may cause harm, and they must not be used while breastfeeding. If I am unsure whether I am pregnant, I will request a pregnancy test prior to treatment, and I understand my provider may require one.

© 2026 Lemon-AID Medical Management. All rights reserved.

If I am able to become pregnant, I agree to use an effective method of contraception throughout treatment, and to notify Lemon-AID Medical Management immediately if I become pregnant, believe I may be pregnant, or begin breastfeeding, in which case this medication will be stopped.

I deny the possibility of being pregnant at this time and understand this medication must not be taken during pregnancy or while breastfeeding. Patient Initials: _____

STORAGE AND SECURITY OF APPETITE SUPPRESSANTS

I have been instructed in how to handle this medication safely, and I agree that:

- I will keep my medication in its original, labeled container from the pharmacy, stored at room temperature away from heat, light, and moisture, and I will not leave it in a vehicle.
- I will store it in a secure location that others in my household cannot access, and I will not keep it in an open or shared medicine cabinet.
- I will not transfer my medication into another container, a pill organizer shared with anyone else, or a container belonging to another medication.
- I will dispose of any unused or expired medication through a drug take-back program, a pharmacy or law enforcement collection site, or according to current FDA disposal guidance, and I will not keep leftover doses for later use.

I have read and understand how to store, secure, and dispose of this medication. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

PART 4: TERMS THAT APPLY TO ALL WEIGHT MANAGEMENT TREATMENT

PROGRAM PARTICIPATION, MONITORING, AND FOLLOW-UP

I understand that medication is one part of a medically supervised weight management program, and that my safety depends on my participation in it. I agree that:

- I will attend scheduled follow-up visits, complete ordered lab work, and allow my weight, blood pressure, heart rate, and measurements to be recorded at each visit.
- I will follow the reduced-calorie eating plan, protein recommendations, hydration guidance, and physical activity plan given to me.
- I will take only the dose prescribed to me and will not increase, decrease, double, or "catch up" on doses on my own.
- I will report all side effects, new medications, new diagnoses, hospitalizations, and planned procedures or surgeries to Lemon-AID Medical Management.
- I will not share, sell, give away, or transfer my medication, syringes, or pens to any other person, and I understand that doing so is dangerous and may end my participation in the program.
- I will not obtain the same or a similar medication from another provider, pharmacy, or online source while I am in this program.
- I understand that supply interruptions, product changes, insurance changes, or a change from one weight management medication to another may occur, that my dose may need to be restarted or re-titrated when my medication changes, and that this is a clinical decision made by my provider.
- I understand that Lemon-AID Medical Management may pause, change, or discontinue my treatment at any time for clinical reasons, including missed follow-up visits, missed labs, unsafe weight loss, an adverse reaction, a new contraindication, or non-adherence to this agreement.

I have read and understand my responsibilities for participation, monitoring, and follow-up. Patient Initials: _____

NO GUARANTEE OF RESULTS

In some situations, it may not be possible to achieve the desired weight loss results. It is also possible that weight management medication may fail to produce any reduction in weight. Should complications occur, additional or other treatments may be necessary. These medications are not a permanent solution for weight management and must be maintained with lifestyle and diet modification; maintenance treatment may also be required. As a weight management treatment, it is recommended to allow at least 90 days of treatment to achieve results. The duration of results is unknown and is not guaranteed.

I have read and understand that results are not guaranteed. Patient Initials: _____

LIABILITY RELEASE RELATED TO ADVERSE EFFECTS

I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may

© 2026 Lemon-AID Medical Management. All rights reserved.

have concerning, or resulting from, the treatment, except as that claim pertains to the negligent administration of this treatment.

I agree to assume full liability for any adverse effects of treatment arising from its non-negligent administration. Patient Initials: _____

FINANCIAL RESPONSIBILITY

ALL-INCLUSIVE PRICE. I understand that Lemon-AID Medical Management charges a single, all-inclusive price for this program that covers my consultation and follow-up care during the treatment period together with the cost of the medication prescribed to me and filled by the pharmacy Lemon-AID Medical Management works with. That price has been explained to me before beginning treatment. I understand and agree that this amount is charged directly to me and that I am personally responsible for payment.

INSURANCE. I understand that most health plans do not cover weight management visits, and that health plans generally do not cover compounded medications at all. As a courtesy, Lemon-AID Medical Management may attempt to bill my insurance company on my behalf for the office visit. I understand that this is an attempt only, that payment by my plan is not guaranteed, and that if my plan denies the claim, applies it to my deductible, or pays less than the amount billed, I remain personally responsible for the balance. I understand that the medication portion of my price is not billable to insurance.

I understand that it is my responsibility to provide current and accurate insurance information, and that any amount my plan does pay for a covered office visit will be credited toward what I owe.

In the event that I am not satisfied with my results, I agree not to seek a refund for services rendered or for medication that has already been compounded and shipped to me, as I am fully aware that there is no implied or explicit guarantee of results, as stated in the acknowledgement above. I further agree that in the event of non-payment, or of a reversal of payment by way of a credit card dispute that I initiate, I will bear the cost of collection fees, court fees, and any reasonable legal fees resulting from that instance.

I have read and understand my financial responsibility for this treatment. Patient Initials: _____

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

WEIGHT MANAGEMENT TREATMENT CONSENT: ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I acknowledge and agree:

- I have fully disclosed, on my intake form and during consultation with my treatment provider, any and all medications, supplements, previous complications, planned or previous surgeries, sensitivities, allergies, and current conditions that may or may not affect my treatment.
- I have read the foregoing informed consent for weight management medication treatment, including the part or parts that apply to the medication prescribed to me, and I agree to the treatment and to all known and unknown associated risks.
- I understand that if my prescription is written for a compounded preparation, that preparation is not FDA-approved, and I consent to receive it.
- I understand that Lemon-AID Medical Management writes my prescription and does not dispense, prepare, or ship medication, that a licensed pharmacy fills the prescription and ships it directly to me, and that the pharmacy is responsible for the medication it prepares, labels, and sends.
- I have received and will follow all instructions for taking my medication, including storage, handling, security, and disposal, and, if I am prescribed a controlled substance, the controlled substance terms in Part 3.
- I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- I consent to the collection of photographs and video of the treatment to be performed, including appropriate portions of my body, for medical documentation, insurance documentation, and educational and training purposes. I understand that efforts will be made to conceal my identity, but that in some circumstances the photographs may portray features that make my identity recognizable. I understand that these images will not be used for marketing or publication without my separate written authorization.
- For patients of childbearing age: by signing below I confirm that I am not pregnant, do not intend to become pregnant during the course of this treatment, and am not breastfeeding. I agree to keep my treatment provider informed should I become pregnant during the course of this treatment.
- It has been explained to me, in a way that I understand, that there may be alternative procedures, methods, or treatments, and that there are risks, both known and unknown, to the treatment proposed.
- I have had ample opportunity to ask questions regarding the benefits, side effects, and aftercare of this treatment, and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.
- By signing below, I am consenting to undergo this and any subsequent weight management medication treatment for 365 days from the date below, including a change from one weight management medication to another, with all of the above understood by me. I understand that I may withdraw this consent at any time by notifying Lemon-AID Medical Management in writing, and that doing so will not affect care already provided.

© 2026 Lemon-AID Medical Management. All rights reserved.

_____	_____	_____
Patient Name (Print)	Patient Signature	Date
_____	_____	_____
Witness Name (Print)	Witness Signature	Date

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

CLIENT ACKNOWLEDGEMENT AND LIABILITY RELEASE

TREATMENT LIABILITY WAIVER. I acknowledge that elective supplementation therapies, including but not limited to semaglutide and tirzepatide weight management treatment, may be considered medically unnecessary. Treatment may or may not mitigate, alleviate, or cure the condition for which it has been prescribed. This treatment has been recommended to me in the belief that it is of potential benefit and that its use will quite probably improve the condition for which I am under treatment. Based on the risks and potential benefits of this proposed treatment, I have elected to receive it from the providers and staff of Lemon-AID Medical Management.

I understand that I may suspend or terminate my treatment at any time by informing my medical provider. I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may have concerning or resulting from the treatment, except as that claim pertains to the negligent administration of this treatment. The risks involved and the possibilities of complications have been explained to me. I fully understand and confirm that the nature and purpose of the treatment have been explained to me, and that my health plan may consider weight management treatment to be elective or not medically necessary and may decline to cover it.

Therefore, in consideration for any treatment received, I agree to defend, hold harmless, and release from liability Lemon-AID Medical Management, the individual who provided my treatment, the insured and any additional insureds, and any officers, directors, or employees of those parties, for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive, except to the extent that it arises from negligence and except as otherwise prohibited by law.

This release applies to the medical care and prescribing decisions of Lemon-AID Medical Management. It does not extend to the pharmacy that fills my prescription. The pharmacy is a separate business, and any claim arising from the preparation, quality, labeling, packaging, shipment, or dispensing of my medication is between me and that pharmacy.

I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

_____	_____	_____
Patient Name (Print)	Patient Signature	Date
_____	_____	_____
Witness Name (Print)	Witness Signature	Date

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

GLP-1 INJECTION IMPORTANT INFORMATION

This page is for you to keep. No signature is required. It applies if you were prescribed a GLP-1 or GIP/GLP-1 injection.

INJECTION REMINDERS AND TIPS

- Wash your hands before and after your injection.
- Check the syringe, pen, or vial before injecting. If the solution appears cloudy, has changed color, has particles, or is leaking, do not use it and contact your provider.
- Alternate your injection site each week. Give the injection in the fatty part of your skin at the top of the thigh, in the belly area, or in the back of the upper arm.
- You can give your injection with or without food.
- Give your injection on the same day each week.
- Use a new, sterile needle every time. Never reuse or share needles, syringes, or pens.
- Semaglutide — skipped or missed dose: take it as soon as possible within 5 days of the missed dose. If more than 5 days have passed, skip the missed dose and take your next dose on the regularly scheduled day. Do not take 2 doses within 48 hours of each other.
- Tirzepatide — skipped or missed dose: take it as soon as possible within 4 days of the missed dose. If more than 4 days have passed, skip the missed dose and take your next dose on the regularly scheduled day. Do not take 2 doses within 72 hours of each other.
- If you miss 2 doses in a row, call your provider.
- Syringes and pens: dispose of used needles and pens in a sharps container. Do not reuse needles or other items, and do not throw pens away in household trash. If you do not have an FDA-approved sharps container, use a household container made of heavy-duty plastic with a puncture-resistant lid that remains upright and stable, is leak resistant, and has a label warning of hazardous waste. Keep the container out of the reach of children. Do not recycle your sharps container; follow your community guidelines for disposal.

WHEN YOUR SHIPMENT ARRIVES

- Your medication is filled by a pharmacy and shipped directly to you. Our office does not dispense or ship medication.
- Open and inspect the package as soon as it arrives, and refrigerate the medication right away.
- Do not use the medication if it arrived warm, frozen, leaking, damaged, or past the beyond-use or expiration date on the label. Contact the pharmacy first, then let our office know.
- Read the pharmacy label and any instructions included in the package. If the strength, concentration, or syringe looks different from your last shipment, call us before you inject.
- Questions about shipping, delays, or a replacement shipment go to the pharmacy. Questions about cost, refills, your dose, your symptoms, or your treatment plan go to our office.

STORAGE INFORMATION

- Semaglutide: prior to first use, keep your vial, pre-filled syringes, or pre-filled pen in the refrigerator between 36°F and 46°F (2°C to 8°C). After first use, semaglutide may be stored for

© 2026 Lemon-AID Medical Management. All rights reserved.

up to 56 days at room temperature between 59°F and 86°F (15°C to 30°C), or refrigerated between 36°F and 46°F (2°C to 8°C).

- Tirzepatide: keep your vial, pre-filled syringes, or pre-filled pen in the refrigerator between 36°F and 46°F (2°C to 8°C). Traveling: tirzepatide can be kept unrefrigerated for up to 21 days at temperatures below 86°F (30°C). Keep your medication in its original carton to protect it from light.
- Compounded products: follow the beyond-use date and storage instructions printed on the label from the compounding pharmacy, which may differ from the instructions above.
- Do not freeze your medication, and protect it from sunlight.

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

GLP-1 INJECTION CARE INSTRUCTIONS

This page is for you to keep. No signature is required. It applies if you were prescribed a GLP-1 or GIP/GLP-1 injection.

PLEASE DO

1. Tell all of your healthcare providers that you are receiving weight loss injections, including your dentist and pharmacist.

2. Follow the eating and exercise plan given to you by your treatment provider. Your injections should be used with a reduced-calorie meal plan, adequate protein, and increased physical activity.

3. Keep all follow-up appointments and have all labs drawn as scheduled.

4. Talk to your treatment provider if you plan to drink alcohol, to discuss potential contraindications.

5. If you are experiencing persistent or worsening side effects such as nausea, vomiting, or diarrhea, contact your treatment provider. Staying hydrated is important to avoid complications such as dehydration, low blood pressure, and new or worsening kidney problems.

6. Tips for managing nausea:

- Eat bland, low-fat foods: crackers, toast, rice, bananas, applesauce.
- Eat foods that contain water, such as soups and gelatins.
- Eat and drink slowly, and drink fluids often throughout the day.
- Avoid lying down immediately after eating.

7. Constipation management: if constipation occurs, follow the plan your provider gives you and notify the office if it persists.

8. If you are planning to become pregnant, talk with your provider. You will need to stop this medication at least 2 months before becoming pregnant.

9. Before any surgery, procedure, endoscopy, or dental work involving sedation or anesthesia, tell the team that you take a GLP-1 or GIP/GLP-1 medication and follow their instructions, which may include a clear-liquid diet for 24 hours beforehand or holding a dose. Do not stop or restart your medication on your own.

CALL YOUR PROVIDER RIGHT AWAY OR SEEK EMERGENCY CARE IF YOU EXPERIENCE

- Signs of an allergic reaction: rash, hives, itching, peeling skin, difficulty swallowing, swelling of the mouth, face, lips, tongue, or throat, or tightness in the chest.
- Signs of kidney problems: inability to pass urine, a change in urine output, blood in the urine, or sudden weight gain.
- Signs of gallbladder problems: pain in the upper right abdomen, changes in stool, dark urine, yellow skin, fever with chills, or pain in the shoulder or between the shoulder blades.
- Signs of pancreas problems: severe stomach pain or severe back pain, with or without vomiting.

© 2026 Lemon-AID Medical Management. All rights reserved.

- Signs of stomach blockage: constipation, stomach swelling and pain, vomiting, or inability to pass gas.
- Sudden loss of vision or a sudden change in vision in one or both eyes.

CALL YOUR PROVIDER OR SEEK MEDICAL TREATMENT IF YOU EXPERIENCE

- Severe dizziness, passing out, or a change in eyesight.
- Inability to keep food down or to take liquids by mouth.
- Increased heart rate or a pounding sensation in your chest.
- Low blood sugar: dizziness, shaking, weakness, rapid heart rate, confusion, hunger, or mood changes.
- New or worsening changes in behavior or mood, including depression or thoughts of suicide.

Notify all providers that you are taking semaglutide or tirzepatide, especially before any surgery, procedure, or dental work.

For questions or concerns during office hours, please call the office. In case of emergency, call 911.

© 2026 Lemon-AID Medical Management. All rights reserved.

Lemon-AID
Medical Management

APPETITE SUPPRESSANT (PHENTERMINE) IMPORTANT INFORMATION

This page is for you to keep. No signature is required. It applies if you were prescribed phentermine or a similar appetite suppressant.

HOW TO TAKE IT

- Take your dose at the time of day your provider directs — usually in the morning, before or shortly after breakfast. Taking it later in the day commonly causes trouble sleeping.
- If you miss a dose, skip it and take your next dose at the usual time the following day. Do not take two doses to catch up, and do not take a dose late in the day.
- Do not crush, split, or chew your tablet or capsule unless your provider tells you to.
- Take it exactly as prescribed. Do not increase your dose on your own if it seems to be working less well — call the office instead.
- Do not take it with other stimulants, other weight loss medications, or decongestants such as pseudoephedrine unless your provider approves. Limit caffeine, which can worsen jitteriness, a racing heart, and insomnia.
- Avoid alcohol while taking this medication.

WHAT TO EXPECT AND HOW TO MANAGE IT

- Dry mouth is very common. Sip water throughout the day, chew sugar-free gum, and keep up with dental care — a persistently dry mouth raises your risk of cavities.
- Trouble sleeping usually improves if the dose is taken earlier in the day. Tell us if it does not.
- Feeling jittery, anxious, or irritable is common early on and often eases. Tell us if it does not, or if it is severe.
- Constipation is common. Increase fluids and fiber, and stay active.
- Check your blood pressure and pulse at home if we have asked you to, and bring your readings to your visits.
- Be careful driving or operating machinery until you know how this medication affects you.
- Do not stop the medication abruptly after taking it for a long time or at a higher dose without talking to us — you may feel very tired or low in mood.

IMPORTANT SAFETY REMINDERS

- This is a controlled substance. Keep it secured and out of sight, never share it with anyone, and do not expect early refills or replacement of lost or stolen prescriptions.
- Tell every healthcare provider you see — including your dentist, surgeon, and anesthesiologist — that you take this medication. It can affect anesthesia and may need to be held before a procedure.
- Tell us right away if you become pregnant or think you may be pregnant. This medication must be stopped.
- This medication can cause a positive result for amphetamine on some urine drug screens. Tell the testing facility that you take a prescribed appetite suppressant.

© 2026 Lemon-AID Medical Management. All rights reserved.

CALL YOUR PROVIDER RIGHT AWAY OR SEEK EMERGENCY CARE IF YOU EXPERIENCE

- Chest pain, pressure, or tightness.
- A racing, pounding, or irregular heartbeat that does not settle.
- Shortness of breath, especially with activity, or new swelling in your legs or ankles.
- Fainting or near-fainting.
- Severe headache, weakness or numbness on one side, trouble speaking, or a sudden change in vision.
- Eye pain or redness with blurred vision.
- Severe agitation, confusion, hallucinations, or thoughts of harming yourself.

For questions or concerns during office hours, please call the office. In case of emergency, call 911.

© 2026 Lemon-AID Medical Management. All rights reserved.