Peptide Consent Form

Name:_____ Phone#_____
Full Address:_____
Email:_____
Provider Name:_____

1. I understand that I am participating in a research study that involves the use, risk and results of peptide injections and/or oral administration.

☐ I understand and agree
☐ I do not agree

2. I understand that I am purchasing from a Provider that is not a licensed medical practitioner.

☐ I understand and agree
☐ I do not agree

3. I understand that I will be self-injecting/administering the peptide.

☐ I understand and agree
☐ I do not agree

4. I understand it is my responsibility to check with my medical professional if I have any concerns regarding these peptides and any potential contraindications with any medication I am taking and/or any condition or illness that I have.

☐ I have checked with my medical professional
☐ I have not yet but will check with my medical professional

5. I agree to release my Provider and his/her associates from all medical liabilities and malpractice claims related to the use of these peptides and/or other products or services I obtain from them.

☐ I understand and agree
☐ I do not agree

By signing this form, I certify that I have read and understand the contents of this form. I am aware of the possible side effects and drug interactions and give my consent for treatment. I have informed the Provider of any known allergies to drugs or other substances and any past adverse reactions I have experienced. I have informed the Provider of any medications and/or supplements I am currently taking or plan to consume.

By signing this form, I certify that the information I have provided is true and correct to the best of my knowledge. I agree to release the Provider and their staff from all medical liability and malpractice claims related to this or any other type of care I receive from the Provider.

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____