Heart 2 Heal Peptide Therapy Consent Form

NAME: _____ DATE: _____

PEPTIDE THERAPY CONSENT:

We at Heart 2 Heal seek complete compliance with all regulatory bodies and codes, including the FDA. The FDA regulates peptides used for therapeutic purposes as drugs. Many peptides have not been evaluated or approved by the FDA for the specific wellness, regenerative, or optimization uses intended in our protocols.

Peptide therapies are considered investigational and are not approved by the FDA for the diagnosis, treatment, cure, or prevention of disease. These therapies may carry potential risks and side effects, and long-term safety data is limited. Peptide use should be guided by a qualified healthcare provider, and results may vary between individuals. By proceeding with peptide therapy, you acknowledge that you have been informed of the potential risks and benefits and consent to treatment.

All peptides are provided under the direct oversight of our Medical Director, Dr. John Tribble. We will refrain from making any claims that these peptide products will treat or cure any disease or condition.

By signing below, you confirm that:

- No treatment or cure claims have been made to you.
- You have been thoroughly informed of the risks, benefits, alternatives, and the experimental/regulatory status of the peptides.
- You understand that some of these products are not FDA-approved for the intended uses.
- You have been instructed to cease blood-thinning medications (if applicable) and confirm compliance with those instructions.

I hereby consent to receive **Peptide Therapies** as discussed with my medical team at Heart 2 Heal. I make this decision voluntarily with full awareness of the information provided.

This consent remains in effect for repeat peptide applications until I formally rescind it in writing.

PATIENT SIGNATURE_____ DATE_____

STAFF SIGNATURE_____ DATE_____