

DIET RESULTS
16311 MIDDLEBELT ROAD
LIVONIA, MI 48154
734.422.8040 734.422.8588-fax
dietresults.com

Dear:

We look forward to your office visit scheduled on

Enclosed please find the following to complete and bring with you on your first visit:

- Medical History
- Patient Chart
- Consent form

Also enclosed in information regarding Doctor Nagler's diet.

Your first visit will take approximately 1 to 1.5 hours.

If you are unable to keep your appointment please let us know.

Sincerely,

DIET RESULTS

Doctor Nagler's Diet Results

Read every word. Read the hardcover or my e-book on www.billnagler.com for the 160 page version.

Your appetite suppressants and daily injections block your hunger, eliminate your sweet and starch cravings and boost your energy. Try to get here every day for your free injection. To speed up weight loss, insurance usually pays for Librax, Sinemet, Wellbutrin, Naltrexone, Vivitrol, Zonegran, Topemax, Metformin, Byetta or Symlin.

(1) Start on my fastest program, Bars & Formula. Lose 1-2 pounds a day. Eat 2 Bars or 2 Formula, 2-4x a day. Unlimited Diet Jello. Nothing else. Do this as long as you can, then do (2) or (3) or (4).

(2) Every Other Day is my most popular program. Lose 3-5 pounds a week. Don't diet every day. Do **500 Calories** for at least 3 days. Then do **500 Calories Every Other Day**. Eat what you want one day (don't worry about calories, but keep sugar to a dull roar), **500 Calories** the next. The easy way to eat **500 Calories** is **Bars & Formula**. OR Lean Cuisine or Healthy Choice. OR **Count to 500**. 6 ounces = a fist. 4 ounces = a deck of cards. 100 calories = 1 fruit, 1 bread, 1 potato, ½ cup rice, 1 glass wine or beer, 1 fist of crackers or popcorn.

(3) Meat, Fruit & Veggies is my balanced program. Lose 3-5 pounds a week. You must eat 2 meals day. Each meal must contain **4-8 ounces Meat, 1-2 Fruit, 1-2 cups Veggies**. **Fruit** for breakfast is okay, if you are hungry. **Meat** (chicken, turkey, tuna in water, fish, veal, crab, shrimp, lobster, sardines in mustard). **Fruit** (1 orange, 1 apple, ½ grapefruit, 6 strawberries, 10 grapes). **Veggies** (asparagus, broccoli, cabbage, cucumber, collards, kale, lettuce, onions, spinach). Nothing else. No juice, milk, yogurt, sugar, alcohol, flour, bread, popcorn, crackers. Food should be baked or grilled, without oil or butter. Use fatfree dressing, dry seasonings.

(4) Protein & Veggies is my favorite program. Lose 3-5 pounds a week. Low carb diets don't work for 90% of patients. All weight loss (10-30 pounds) is in the first 2 months, then you just weight cycle. You can't cheat at all, or eat 2500 calories a day and lose weight. Do **500 Calories** for at least 3 days, then eat as much as you want, and as little as you can. The less you eat, the faster you lose. If it can't **Run, Walk, Swim or Fly**, don't put it in your mouth. Eat fish, shellfish, steak, pork chops, ribs, lamb, veal, chicken, turkey, hamburgers, hot dogs, eggs, cottage cheese, and **50 Calorie Veggies**, without butter. All veggies are **50 Calorie** (per cup) **Veggies** – asparagus, broccoli, spinach, etc., except the **5 - 100 Calorie** (per cup) **Veggies**: round beans, corn, peas, potatoes, yellow squash. **NO 100 Calorie Veggies**. Salt, soy sauce, pepper, mustard, dry seasonings are fine. Free Diet Jello. Take it easy on 100 calorie per ounce butter, oil, margarine, cheese; take it real easy on sugar-loaded catsup, cocktail, bbq sauce. Nothing else. **NO cheating. NO fruit, milk, yogurt, bread, sugar, alcohol, juice, etc.** Cheat on a 100 calorie apple or wine, lose **NO** weight all week. Fish & shellfish are 30 calories an ounce. Chicken, pork & veal are 40. 6 ounce filet is 300. ¼ pound hamburger is 200. Eggs are 80. Cheese is 100 a slice. Cottage cheese is 200 a cup. Shrimp are 20. Whole lobster is 200. Chicken filet is 200.

(5) You must drink at least a gallon (128 ounces) of non-caloric fluid every day. Try to drink your weight in ounces of water. If you weigh 150 pounds, try to drink 150 ounces of water. Unlimited coffee, tea, diet soda.

(6) If you are not losing 3-5 pounds a week, your problem is not drinking your gallon of fluid, or going over 500 Calories. It doesn't matter what time or how often you eat. Eat at midnight, once or 6 times a day.

(7) Exercise makes you feel better but slows down weight loss because it makes you hungry and eat more. High intensity exercise, alternating with recovery periods, conditions better and burns more calories. Get a dog.

(8) Maintain on Every Other Day 1000, eat what you want one day, 1000 Calories the next. OR do what I do, **Protein & Veggies**, Monday-Friday, eat freely Saturday & Sunday, back to **Protein & Veggies** on Monday.

Bill Nagler, M.D. 16311 Middlebelt Livonia MI 48154 M-F 9-6 Sat 9-1 dietresults.com 734-422-8040

Weight Loss and Appetite Suppressant Informed Consent

I hereby authorize Bill Nagler, M.D. to help me lose weight. Treatment consists of NO ephedra, mahuang or guarana, but rather the use of appetite suppressants, medications and injections for up to and possibly more than 12 consecutive weeks. Appetite suppressant labeling suggestions are based on short-term studies of 12 weeks. Dr. Nagler has found that the use of appetite suppressants, medications and injections are effective for longer than 12 week periods - based on his experience, the experience of his colleagues, recent long-term studies and the recommendations of university based investigators.

Dr. Nagler is a believer in the effective off-label use of medication proven effective in medical studies to promote weight loss and in the use of nutritional supplements and injections. As a result of his clinical experience, Dr. Nagler believes that certain nutritional supplements, injections and medications can help you lose weight faster and make you feel better while you are losing weight. Dr. Nagler believes that nutritional supplements, injections and medications can boost your energy, burn fat faster, and eliminate cravings. There are those among Dr. Nagler's competition, practicing the specialty of Bariatric (Weight Control) Medicine, and also physicians from various other specialties, who do not hold to Dr. Nagler's beliefs about the effectiveness of nutritional supplements, injections and medications. Many of these physicians believe that in order to lose weight you simply need to exercise more and eat fewer calories, and you will lose weight. Dr. Nagler has chosen to respectfully disagree with this simplistic thinking, based upon his work with thousands of patients over the past 20 years. Dr. Nagler believes that the nutritional supplements and injections he prescribes are effective and therapeutic, in the worse case they are harmless. If you have any problems at any time, please inform Dr. Nagler immediately.

Your continuing to receive appetite suppressants, medications and injections depends on your continuing weight loss and maintenance. The use of appetite suppressants, medications and injections involves potential risks. Reported side effects from medication, appetite suppressants and injections include: nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, medication allergy, high blood pressure, rapid heart beat and heart irregularities. These and other risks could, on occasion, be serious.

There is no guarantee that Dr. Nagler's program will work for you. By consenting to treatment you agree to pay in full for all visits and charges at the time of each visit. You understand that no refunds are ever given at any time for any reason. Medicare does not pay for these services. Blue Cross and other medical insurance may or may not pay for your treatment. In the event that you wish to try to obtain reimbursement for treatment or tests, you will be given a statement that you may send with proof of payment to your insurance carrier. Your insurance company may or may not reimburse you.

By signing below you certify that you have read and fully understand this consent form. You should not sign this form if you have any questions that have not been answered to your complete satisfaction. Your signature further confirms that you have no history of alcohol abuse, drug abuse, schizophrenia, or manic-depressive illness. You agree not to take any other appetite suppressants, injections or medications other than prescribed by Dr. Nagler or listed on your medical history form. You agree to inform Dr. Nagler of any changes in your medication. Your signature below indicates your consent to treatment.

Patient _____ Witness _____ Date _____

Medical History

Name _____ Date of Birth _____ Age _____

Address _____ City, Zip _____ Phone _____

Social Security # _____ Driver's License _____ Occupation _____

Family History (If a blood relative has suffered the following, check and indicate relationship.)

Heart Attack _____ Stroke _____ Arthritis _____
Cancer _____ Glaucoma _____ Diabetes _____
Hypertension _____ Epilepsy _____

Year Hospitalized	Illness or Operation	Year Hospitalized	Illness or Operation
_____	_____	_____	_____
_____	_____	_____	_____

Medications (List the medications you are currently taking.) ALLERGIES (Allergies to medicines.)

Medical History (Check the appropriate answers below. Do not skip any questions.)

Yes	No		Yes	No		Yes	No	
___	___	Loss of Hearing	___	___	Dizzy Spells	___	___	Hemorrhoids
___	___	Ringling in Ears	___	___	Hypertension	___	___	Blood in Urine
___	___	Ear Infections	___	___	Heart Murmur	___	___	Frequent Urination
___	___	Bad Vision	___	___	Palpitations	___	___	Hernia
___	___	Double Vision	___	___	Irregular Pulse	___	___	Gall Bladder Pain
___	___	Eye Pain	___	___	Swollen Ankles	___	___	Kidney Disease
___	___	Eye Infections	___	___	Fainting Spells	___	___	Sudden Weight Loss
___	___	Nose Bleeds	___	___	Chest Pain	___	___	Fatigue
___	___	Sinus Trouble	___	___	Numb Arm or Leg	___	___	Anemia
___	___	Sore Throat	___	___	Loss of Appetite	___	___	Cancer
___	___	Allergies	___	___	Indigestion	___	___	Diabetes
___	___	Hoarseness	___	___	Stomach Ulcers	___	___	Stroke
___	___	Pneumonia	___	___	Diarrhea	___	___	Convulsions
___	___	Bronchitis	___	___	Constipation	___	___	Broken Bones
___	___	Asthma	___	___	Bloody Stools	___	___	Headaches
___	___	Short of Breath	___	___	Tarry Stools	___	___	Joint Pain
___	___	Thyroid Disease	___	___	Nervousness	___	___	Chicken Pox
___	___	Back Pain	___	___	Depression	___	___	Measles
___	___	Rashes	___	___	Moodiness	___	___	Polio
___	___	Insomnia	___	___	Phobias	___	___	Mumps
___	___	Memory Loss	___	___	Mental Illness	___	___	Tuberculosis
___	___	Alcohol Abuse	___	___	Drug Abuse	___	___	Schizoph/MDepress

Your main health problems are: _____

Tell me all about your weight problem. How long have you been overweight? What caused it? Tell me everything!

If you have any questions about this form, or there is other information which you have and which you feel might be important, please discuss it with the doctor. Also, if any information changes, inform the doctor.

Signature _____ Date _____

Name _____ Date _____
 Address _____ City, State _____ Zip _____
 Home Phone _____ Work Phone _____ Occupation _____
 Sex _____ Age _____ Birthdate _____ Height _____ Goal Weight _____
 Social Security# _____ Driver's License# _____
 Employer, Address _____ Bank Account, # _____
 MD, Address _____
 How did you hear about Diet Results? _____
 Medications/Illnesses _____

Blood / / | / / | EKG History Consent Balance _____

Date	I	Wt	BP	Medications	I	C1	C2	P	B