

Medical Dispensing Form

I have been informed by Dr. Marc Scheiner that I am being prescribed the medication Phentermine, Phendimetrazine, Diethylpropion and/or Semaglutide.

I may fill my prescription at a pharmacy or at Dr. Marc Scheiner's office.

If I choose to have the medication dispensed by Dr. Marc Scheiner, I am indicating that a pharmacy is not conveniently available to me and that the determination that a pharmacy is not conveniently available to me was made solely by me.

The reason that a pharmacy is not conveniently available to me is:

- Daily activities, such as childcare and work, limit my time to go to a pharmacy
- My pharmacy hours are not convenient
- I do not have transportation
- Other: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Name (signed): \_\_\_\_\_ Date: \_\_\_\_\_

Diet & Exercise Disclaimer

By signing below, I attest that I have tried to make changes to my diet and increase my amount of exercise for at least 6 months, without weight loss success.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_