Disclaimer:

I, the undersigned patient, hereby acknowledge that I have voluntarily chosen to undergo peptide therapy offered by OptiPepRx. I understand that peptide therapy involves the administration of peptides, which are naturally occurring biological molecules, for the purpose of promoting various health benefits.

I understand and acknowledge the following:

1. **Nature of Peptide Therapy:** Peptide therapy involves the use of **peptides** which are administered under the guidance and supervision of healthcare professionals at OptiPepRx. Peptides are used to support various physiological functions and promote overall well-being.
2. **Not a Guarantee of Results:** I understand that while peptide therapy may offer potential health benefits, there is no guarantee of specific outcomes or results. Individual responses to peptide therapy may vary, and results cannot be guaranteed.
3. **Risks and Side Effects:** I acknowledge that like any medical treatment, peptide therapy carries inherent risks and potential side effects. These may include but are not limited to allergic reactions, injection site reactions, and interactions with other medications or medical conditions.
4. **Not a Substitute for Medical Advice:** I understand that peptide therapy is not intended to replace traditional medical treatments or advice. It is important for me to continue regular medical check-ups and consult with my primary healthcare provider regarding any medical concerns or conditions.
5. **Release of Liability:** I hereby release OptiPepRx, its healthcare professionals, staff, and affiliates from any liability arising out of or related to my participation in peptide therapy. I understand that OptiPepRx will make every effort to ensure my safety and well-being during my peptide therapy, but I accept full responsibility for any risks or complications that may arise.
6. **Informed Consent:** I acknowledge that I have been provided with information about peptide therapy, including its potential benefits, risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers.
7. **Agreement to Follow Recommendations:** I agree to follow all recommendations and instructions provided by the healthcare professionals at OptiPepRx regarding my peptide therapy treatment plan. This includes adhering to dosing schedules, attending follow-up appointments, and reporting any adverse reactions or changes in health status.

I have read and understood the information provided in this disclaimer form. By agreeing below, I acknowledge that I am voluntarily consenting to undergo peptide therapy at OptiPepRx, and I release OptiPepRx and its staff from any liability associated with my participation in this treatment.