



Ideal Protein Physician Release To Participate

Dear Physician!

The below named mutual patient is requesting to start the Ideal Protein Weight Loss Management Program which is **monitored weekly** in our office. We would like to have your **medical clearance for him/her to start**. Please provide your clearance responses below.

About Ideal Protein Program

25 years

ago this protocol was developed

7+ mil

dieters have been successful
with it

3,000

health professionals across
North America currently
recommend the program

Ideal Protein Program Phases

- The Ideal Protein Weight Loss Method **consists of a three phase** medically-designed protocol.
- The first two phases focus on **weight loss and also stabilization of blood sugar levels, blood pressure** and other obesity related issues.
- The last phase help the dieter **maintain their weight loss and health achievements**. This is not a high protein diet, it is a hypo-caloric low fat, low carbohydrate and adequate protein diet.

Food

- The patient will use a **combination of their foods and Ideal Protein foods.**
- The protein isolate rich foods are **non-GMO** and have a very **high biological value, are low in calories**, low in fat and contain eight essential amino acids.



Our cooperation

- Feel free to **call us anytime** regarding this patient or this program.
- We have informed the patient that you, as their prescribing physician, will be **monitoring pertinent vitals and medication(s)/dosage changes.**
- They are aware that if **medication dosage changes** must be made, they will be made entirely by you.

As progress occurs, we will encourage this patient to follow up with you regularly while on this program

Physician Release Form

About the Patient

Patient's Full Name

Patient's Date of Birth

About the Physician

Physician's Full Name*

Physician's Phone Number

Physician's E-mail

 I don't prescribe any medication

1st Medication

Name of the Medication

Dosage per Capsule

Capsuls per Dose

Dose per Day

Reason for Prescription

2nd Medication

Name of the Medication

Dosage per Capsule

Capsuls per Dose

Dose per Day

Reason for Prescription

3rd Medication

Name of the Medication

Dosage per Capsule

Capsuls per Dose

Dose per Day

Reason for Prescription
