

**UZZI REISS, M.D.**  
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Beverly Hills, CA 90210  
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TO PROSPECTIVE PATIENT(S):

You are required to sign this letter at the bottom and return it to me indicating that you accept the provisions that are set forth herein.

The time that you spend with me is considered a consultation. I do not take over the care and treatment of patients from the family and/or personal physician.

I make no promise to solve your problems nor to cure you of your complaints.

I am to be paid for my time and consultation regardless of whether you improve or not following your consultation and treatment with me.

If you have any questions about my treatment, diagnosis, or opinions, you can always ask for clarification.

My practice is not an emergency practice. I have elected to restrict my patient care to office care. For this reason I do not maintain hospital staff privileges. I am not available for emergency treatment. For emergencies, you must call 911.

If you are a female patient that receives hormones, you must continue to be followed by your personal gynecologists and/or personal care physician.

In relation to your care and treatment, I will order certain procedures and specific medications that are made up by a special compounding pharmacy pursuant to a unique composition formulated by me for use in my private practice. You are not required to take the pharmaceuticals you receive from me. Nor are you obligated to follow any of my procedures. However, if you do not wish to follow my instructions and use the medications and procedures that I prescribe, I suggest that you seek medical care from another physician. It is my experience that you may not get the same benefits from other medications and procedures, as you would from those that I prescribe for you.

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To Prospective Patient(s):  
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I have read the above information regarding the practice of Dr. Reiss. I agree to accept this information as a material condition of being treated by Dr. Reiss for my symptoms. I am aware that if I have specific questions that need clarification, Dr. Reiss will be happy to discuss my questions with me.

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Please print your name, address and phone number:

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_