

# Sugar Detox and Intermittent Fasting Program

**Down payment of \$175 followed by (5) monthly payments of \$25**

**\$175 Starter Pack Includes:**

- Initial consultation, Lab work, First month prescription & Dr. T's book

**\$25 monthly maintenance includes:**

- Monthly prescription renewal of Metformin and/or other prescriptions
- Lab work 6 months (Hemoglobin A1C, Lipids, and Kidney function)
- Concierge access via phone, telehealth, or office visit if available w/ Dr. T
- We require a minimum of 6-month commitment for this plan

*\*To stop the reoccurring payments, contact the office via email but there will be NO refunds\**

**Initial below stating you understand the terms:**

- Once program has been **cancelled**, medications are **not** able to be refilled. \_\_\_\_\_
- **Patient's MUST report weight & blood pressure every month prior to requesting refill.**  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Preferred Pymt Date: \_\_\_\_\_

(1<sup>ST</sup>, 15<sup>TH</sup>, 30<sup>TH</sup>)

I AUTHORIZE AND UNDERSTAND THE REOCCURRING AGREED PAYMENT UNTIL A WRITTEN  
NOTICE IS GIVEN TO DISCONTINUE.

Patient Signature: \_\_\_\_\_

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