



Zenu Consent

Dated: _____

I hereby certify that I have reviewed Zenu Center for Endocrinology, Metabolism and Weight Management Financial Responsibilities, Copayments, and Cancellation policies provided on the practice's website.

I fully understand specific policies and agree to comply with these terms.

Patient Name: _____

Patient Signature: _____

Witness Name: _____

Witness Signature: _____