

## NILEan QUICK START GUIDE

### **DOSING NILEAN B12** – Keep NILEan refrigerated

- Mix powder with liquid once you are ready to start the diet.
- Take 0.5cc of NILEan TWICE a day around 12 hours apart.
- Hold the NILEan under your tongue for as long as possible (preferably 30 – 60 seconds)
- Swallow the residual liquid
- Do not eat or drink anything for 10 minutes.

### **IMPORTANT LIFESTYLE CONSIDERATIONS**

- Strive to get 8 hours of sleep each night.
- Drink 64 ounces of water a day.
- Do not use any skin care products containing fats or oils. No fish oil capsules.
- Do not increase or decrease your current exercise regimen while on the diet. If you are not exercising, do not start until you go into maintenance of this diet.

### **FLUIDS**

**Water** – at least 64 ounces daily. Must be consumed throughout the day.

**Diet Drinks** – Must be zero calorie. Maximum of 2 per day. A 12 ounce serving of Crystal Light would be considered one diet drink.

**Coffee, Tea** – Up to 24 ounces a day. That is 3, 8-ounce cups. You may use up to 1 Tbsp of low fat milk per day. Non-Dairy creamer is not allowed.

### **SPICES AND SEASONINGS**

Seasoning your food is very important for variety in this diet.

- All powdered seasonings are allowed, including salt. Combination seasonings are not allowed if they contain sugar (“Grill Creations” for example).
- 1 Tbsp. of the following is allowed: Vinegar, Lemon Juice, Lime Juice.
- Artificial sweeteners are allowed but should be consumed as little as possible since they support sugar addiction pathways.
- Stevia is allowed in any amount. Other sweeteners with more than 0 calories per serving are not allowed. These may contain sugar alcohols.
- You may do 2 months back to back on this diet. Do not repeat the high fat loading days.

### **DIET DAYS #1 AND #2 – High Fat Loading**

Any food that contains fats and oils is allowed during these two days. Eat until you are full. Avoid carbs like breads, potato, and pasta.:

- Meats – especially marbled meats (Tenderloin), sausage, and oily fish
- Milk – do not use low fat or 2%
- Eggs
- Cheese – no low fat cheese
- Nuts

### **DIET DAYS 3 AND BEYOND –**

**PROTEINS** – 3 ½ ounces twice a day.

Preferably Lunch & Supper

*Meats should be baked, broiled, or grilled. No added fats or oils are allowed.*

**The BEST Choices:** Chicken Breast (no skin), Shrimp, Crab, Lobster, Sea Bass, Cod, Flounder, Grouper, Haddock, Monkfish, Northern Pike, Ocean Perch, Orange Roughy, Pike, Pollock, Snapper, Sole, Tarpon, Tilapia, Whiting. Beef (Bottom Round, Flank Steak, Rib Roast, Top Sirloin), Veal (Leg or Shank). No Ground Meats.

Allowed after the first 21 days (Do not eat meat from this category for both meals in one day): Scallops, Dolphin, Mahi Mahi, Herring, Salmon, and Tuna. Beef (T-Bone, Ribeye, NY Strip, Tenderloin). Turkey Breast (no skin). Boar's Head Roast Beef, Chicken Breast, Ovengold Turkey. Ground beef (7% fat) or ground Turkey is OK twice a week. Healthwise products can be substituted in a pinch.

If you do not eat meat, you can substitute one large egg (white and yolk) plus the whites of 3 additional large eggs as a protein source. If you are over 200 pounds, then add one additional entire large egg to this. In place of eggs, 100gm Lowfat Cottage Cheese is allowed.

**VEGETABLES** – 3 ½ ounces twice a day.

Preferably Lunch & Supper

*They should be eaten raw, or steamed. After the 21<sup>st</sup> day on the diet, vegetables can be grilled or stir-fried using a small spray of cooking oil.*

**The BEST Choices:** Broccoli, Brussels Sprouts, Asparagus, Celery, Cucumber, Zucchini, Spinach, Chicory, Chard, Beet-Greens, Squash, Tomatoes, Onions, Cabbage, Fennel, Radishes.

**FRUITS** – One twice a day. Best at 3pm and 9pm  
**Apple, Orange, Grapefruit, Peach, Clementine, Tangerine, Blueberries, Strawberries, Cranberries.** For the berries, one loosely packed cup is one serving. *You may choose to have the 9pm fruit in the morning if you prefer*

## NILean Diet Informed Consent

NILean is a sublingual B12 medication used by New Image Medical Aesthetics and Wellness in its weight loss program. If I choose and if approved by Dr. Zengo, HCG can be added to the B12 drops. HCG is FDA-approved as an injectible for indications other than weight loss. A number of studies and scientific articles have been published on using this ingredient in weight loss programs over the past 60 years. Some are positive, some show no benefit.

**Conditions of Participation**

- You will have a consultation before starting the NILean in combination with a VLCD (very low calorie diet). A comprehensive metabolic panel to measure kidney function, liver function, hemoglobin, hematocrit, will be drawn.
- You will be weighed; your blood pressure and pulse will be recorded.
- Any patients who are not compliant with follow up office visits and/or scheduled laboratory draws will not be allowed to have refills on their oral HCG.
- If at any time during your office visit, you should have any questions, concerns, or problems, you are encouraged to consult with our staff. If you should experience any problems or concerns after being discharged from our office, please call 706-769-5757 with any questions.

**Program Costs**

Office Visit #1: Initial consultation, stress assessment, weight and lab draw. Dispensing of NILean. Review of diet for the next month. Visit is billed to insurance. Cash price = \$120 if no insurance.

Cost of medication: NILean: \$299. You will also receive a prescription for a potassium supplement.

Office Visit #2: 2-3 weeks later. Weigh-In. Review of Diet and progress. If you choose to continue, an additional 1-month supply of NILean (cost of \$259) will be dispensed if desired. Visit is billed to insurance. Cash price for visit: \$80.

**Risks**

NILean is virtually free of negative side effects, but because you must follow a very low calorie, low fat diet that can sometimes trigger a gallbladder attack in individuals who are genetically pre-disposed to gallbladder disease. Taking additional weight loss supplements can cause low blood sugar as can overeating or under eating on the diet. Not following the diet to the letter or skipping meals/fruit will result in less weight loss and possible side effects. **With any drug there is the possibility of an allergic reaction or unusual reaction that may cause skin rash, difficulty breathing, collapse, or even death.** Please also note the following statement from the FDA from 1983...*"HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or 'normal' distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets."*

I understand that the program and medications may involve risk. I understand that there are no refunds, returns or store credit for medication. There is no weight loss guarantee with our program. I have read and understand the information given to me about the medications. I have asked and had answered any questions that I may have after reading this form. I understand the possible side-effects and agree to advise our office should they occur. I understand that I may quit the program at any time. I agree to stop the NILean if I become pregnant and agree to advise our office should I decide to become pregnant. No adverse side effects or complications are expected, but in the event that an illness does occur, I understand that I need to contact our office. Dr. Zengo and the practice are serving as consultants, not your primary care physician, during the course of this program.

My Primary Care Physician is \_\_\_\_\_ **You will not be allowed to start on this program if you do not have a primary care physician.** If I experience an emergency situation, I understand that I need to go to an emergency facility.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INFORMATION ABOVE, HAVE HAD YOUR QUESTIONS ANSWERED, HAVE HAD POTENTIAL SIDE EFFECTS EXPLAINED, AND AGREE TO NOTIFY OUR OFFICE OF ANY CHANGE IN YOUR HEALTH STATUS OR MEDICATIONS PRESCRIBED.**

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE DIET NECESSARY TO ACHIEVE SUCCESS ON THIS PROGRAM.**

\_\_\_\_\_  
Patient's Name (PLEASE PRINT)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness