

PATIENT AUTHORIZATION AGREEMENT

In consideration of instructs from Pharmacy Rx Solutions, Inc. ("Pharmacy Rx") providing the undersigned patient ("Patient") with medical management, administrative and referral services, Patient acknowledges and agrees to the following terms and conditions contained in this Patient Authorization Agreement ("Agreement"). With this agreement, Patient submits with this agreement an accurately completed Medical History Form ("MHF"). Patient agrees to respond to truthfully, accurately and completely in completing the MHF or any agent sent by Pharmacy Rx to complete the form and acknowledges that failure to provide truthful, accurate and complete information on the MHF or to Pharmacy Rx or the physicians referred by Pharmacy Rx could result in inappropriate treatment.

Patient authorizes Pharmacy Rx to obtain on my behalf medical laboratories, diagnostic testing, physicians and dispensing pharmacies. In addition, Patient authorizes and instructs Pharmacy Rx and physicians referred by Pharmacy Rx ("Physicians") and dispensing pharmacies obtained on my behalf to provide medical care and prescribed pharmaceuticals based on the MHF, laboratory diagnostic tests, and other information submitted to Pharmacy Rx under this agreement. Patient agrees to present a photo identification upon any blood testing pursuant to a Pharmacy Rx or Physician test requisition. Patient acknowledges that therapies and laboratory and diagnostic testing services supplied or obtained by Pharmacy Rx and medical services provided to me by Physicians, are not covered or reimbursed by Medicare or other insurance.

Patient acknowledges that Pharmacy Rx's employees and agents are not licensed physicians and that Physicians obtained on my behalf by Pharmacy Rx are independent contractors, which will be compensated by Patient with funds provided to Pharmacy Rx. Patient acknowledges that Pharmacy Rx does not practice medicine and that Pharmacy Rx is a medical management, administrative, and referral service and does not direct, control, or influence the treatment decisions made by Physician. I further understand and agree that Pharmacy Rx and Physicians are rendering the medical care, services and treatment and that Pharmacy Rx is instructed and authorized to arrange for the prescribed pharmaceuticals to be dispensed and sent to me by any pharmacy in my country of residence. Patient covenants and agrees to comply with the method of instructions, treatment and dosage schedules prescribed by the Physician, to immediately cease any medical treatment prescribed by the Physician in the event of any adverse reaction or side effect arising from prescribed treatment, and to immediately provide Pharmacy Rx and Physician with written notice via fax to (813) 662-2814 of any such adverse reaction or side effect. I further acknowledge and agree that Pharmacy Rx is not liable for any negligent act or omission of the Physician. Patient acknowledges that diagnosis and treatment may involve risk of injury, and that Pharmacy Rx and Physician have made no guarantees or warranties with respect to the above-described diagnostic testing, analysis of test results, examination of medical history or hormone treatment. Patient acknowledges that the hormone blood level objective sought as a result of the Patient's hormone replacement therapy, as prescribed by Physician, may be at the highest level of a standard reference range for Patient's age and sex, or, in some cases, above such range, to the level of a younger person, and that such range is experimental and may not render any benefits, but may result in unknown, adverse results. *Patient is aware of the nature, risk, and possible alternative methods of treatment, possible consequences, and possible complications involved in such hormone replacement treatment. Patient acknowledges that recombination human growth hormone replacement therapy, hCG therapy involves the use of a medical drug approved for one purpose for a new and different purpose in an effort to obtain a desired objective of medical treatment.* Nonetheless, Patient consents to such care and treatment, and executes this Agreement with a complete, informed understanding of such hormone replacement therapy for the purpose of authorizing Physician to administer such treatment to relieve body ailments and attempt to enhance Patient's physical condition and health. Patient further acknowledges that the methods of medical treatment offered by Pharmacy Rx and Physician are not accompanied by any claims, guarantees, promises or warranties. It is fully agreed and understood by the patient that products purchased from Pharmacy Rx Solutions require a medical prescription and as such are NOT returnable or refundable under any circumstances under both Federal and/or State laws. It is unlawful for a pharmacy to accept the return of prescription medications once they have left the control of the pharmacy. If the medications are damaged in shipping, then, at the expense of the patient and sole discretion of the pharmacy, the medications can be returned to the pharmacy by a shipping service that requires a SIGNATURE UPON DELIVERY and EXCHANGED ONLY for a replacement medication which does not require a new prescription. There is NO refund or credit issued. It is understood and agreed by the patient that once the medications have been delivered undamaged and signed for by the patient or any assignee, that the patient (customer) hereby waives any and all rights to dispute, arbitrate, chargeback or reverse any credit card, debit card or bankcard charges utilized to purchase medications from Pharmacy Rx Solutions. The patient acknowledges that in most cases he or she is not present to sign the actual charge receipt and hereby agrees that this document shall act as an authorization to charge their credit card, debit card or bankcard on their behalf.

Initials: _____

Patient is freely seeking medical consultation via the Internet or direct contact and acknowledges and consents to Physician reviewing Patient's medical history without having the opportunity to conduct an in-person physical examination. Patient solicits Pharmacy Rx for a specific prescription medication to treat an already-identified medical or cosmetic condition. Patient acknowledges that Physician may not be licensed to practice medicine in the Patient's state or country of residence. Further, Patient agrees that Physician's consultations, diagnoses, and treatments will be deemed to have occurred in Florida, where Physician is licensed to practice medicine.

Patient represents that he or she is under the care of a primary care physician and that Physician will not rely or substitute the advice of Physician should it conflict with the advice given to me by Patient's primary care physician. Before taking any medication prescribed by Physician, Patient agrees to have a comprehensive physical examination by his or her primary care physician. Patient agrees to notify his or her primary care physician and advise such physician that the Patient is undergoing hormone replacement therapy.

Patient acknowledges that under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

Patient acknowledges and agrees that Pharmacy Rx is not responsible for the negligent or intentional acts or omissions of any health care provider or supplier that Patient is referred or for any action or inaction taken by Patient, that the total liability of Pharmacy Rx, its officers, directors, employees, agents, and stockholders is limited to the purchase price of any products through Pharmacy Rx, Physicians or Pharmacies, and the Pharmacy Rx and Physicians will not be liable for any direct, indirect, special, incidental, consequential, or punitive damages. During Patients relationship with Pharmacy Rx and Physician, Pharmacy Rx and Physician will convey to Patient a range of proprietary business information, including, confidential disclosures and trade secrets business practices and Pharmacy Rx's customers and suppliers ("Confidential Information"). No matter how received by the Patient during the parties' relationship, Patient agrees that Confidential Information is confidential, proprietary and uniquely valuable to Pharmacy Rx's and gravely affects the conduct of business of Pharmacy Rx and Pharmacy Rx's goodwill. Patient agrees not to disclose, divulge or communicate, in any fashion, form, or manner, either directly or indirectly, any Confidential Information or take any action that may result in disclosure of Confidential Information to any third party person, firm, or business. Patient agrees that if the terms of this paragraph are breached, Pharmacy Rx shall be conclusively deemed to be irreparably injured and shall be entitled to an injunction restraining Patient from disclosing any Confidential Information and to liquidated damages in the amount of Ten Million Dollars (\$10,000,000.00). Patient agrees that the amount of Pharmacy Rx's actual damages in such circumstances would be difficult, if not impossible, to determine with accuracy, but would be substantial in any event, and Patient agrees that such liquidated damages are not a penalty.

Based on the above-understanding, Patient agrees to release Pharmacy Rx, its officers, directors, employees, agents and shareholders, Suncoast Radiopharmacy Services and Physician from any and all liability associated with or arising from the Physician's consultation or from the medical, physical, behavioral or other effects of any medication or treatment that may be ordered, prescribed or purchased as a result of the Physician's consultation.

This Agreement shall be governed, construed and enforced in accordance with the laws of the State of Florida, applicable to agreements made and to be made and to be performed entirely within such State, without regard to principles of conflict of laws. Any disputes arising out of, in connection with or with respect to this Agreement, shall be adjudicated in a court of competent jurisdiction sitting in the Hillsborough County, Florida and nowhere else. Patient hereby irrevocably submits to the jurisdiction of such court for the purposes of any suit, civil action or other proceeding arising out of, in connection with or with respect to this Agreement. In the event of any litigation arising out of this Agreement, the prevailing party shall be entitled to recover all expenses and costs incurred, including reasonable attorneys' fees and legal assistants' fees.

This Agreement contains the entire understanding of the parties and supersedes and merges all prior and contemporaneous agreements and discussions between the parties. Any and all representations or agreements by any agent or representative of either party not contained in this Agreement shall be null, void, and of no effect.

Initials: _____

If any provision of this Agreement or the application thereof to any person or circumstances is invalid or unenforceable in any jurisdiction, the remainder hereof, and all application of such provision to such person or circumstances in any other jurisdiction, shall not be effected thereby, and to this end the provisions of this Agreement shall be severable.

Patient covenants and agrees to indemnify, defend, protect, and hold harmless, Pharmacy Rx Solutions, Suncoast Radiopharmacy Services and Physician and their respective officers, directors, employees, stockholders, assigns, successors, and affiliates ("Indemnified Parties") from, against and in respect of all liabilities, losses, claims, damages, punitive damages, causes of action, lawsuits, administrative proceedings, investigations, demands, judgments, settlement payments, deficiencies, penalties, fines, interest and costs and expenses suffered, sustained, incurred or paid by the Indemnified Parties in connection with, resulting from or arising out of, directly or indirectly, Pharmacy Rx, Suncoast Radiopharmacy Services and/or Physician's rendering medical care services, advice and/or treatment, Patient's failure to disclose all relevant information regarding Patient's medical and physical condition, acts or omissions of Pharmacy Rx or Physician, harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by Pharmacy Rx or Physician. Patient is aware of potential side effects associated with the above-described treatment, accepts all risks involved in taking medication and will not seek indemnification or damages from the Indemnified Parties there from.

By: _____
Patient's Signature

By: _____
Patient's Name (Print) Date

By: _____
Pharmacy Rx Solutions, Inc Date