



WEST JORDAN, MIDVALE, DRAPER, RIVERTON, SANDY

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## HCG CHECKLIST

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

1. Enrolled in HCG Orientation : Date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Location of Orientation: \_\_\_\_\_

2. Scheduled for Physical & 1<sup>st</sup> Injection: Date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

3. You will be scheduled for a follow up visit within 14-20 days of starting the protocol.

4. Pay for half of the program. Amount paid \$ \_\_\_\_\_

5. Pay for the remainder of the program at your physical. Amount due \$ \_\_\_\_\_

6. Complete paperwork

7. Obtain lab requisition form for *MSCL* or *Quest Diagnostics* or labs.

8. Visit the lab to have blood drawn.

- Please have blood drawn in the morning. You need to be fasting for 10 hours prior to having your blood drawn (drinking water is permissible).

9. Read "*Pounds and Inches*"

- Go to [www.genesyshcg](http://www.genesyshcg) and click the "Simeon's protocol" tab.

10. Attend HCG Orientation on the date noted above.