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B₁₂ Injections Informed Consent

Vitamin B-12 helps maintain good health and has been shown to be beneficial in helping to:
Reduce stress and fatigue, improve memory and cardiovascular health and maintain a good body weight. It can also assist the body in converting proteins, fats and carbohydrates into energy and is necessary for healthy skin and eyes.

B12 Injections are better absorbed by the body since they go directly into the blood stream.

1. I understand there is risk of potential side effects of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, headache, joint pain and muscle cramps.
2. If any of these side effects become severe or troublesome I will contact my physician immediately
3. I understand that although rare, Vitamin B12 injections can result in side effects. Although this is a relatively rare occurrence, anyone taking vitamin B12 injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B12 injections, and such side effects should be reported to a physician to be evaluated for seriousness.
4. Before starting vitamin B12 injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions:
 - Kidney disease
 - Liver disease
 - A recent infection
 - An allergy to cobalt or any other medication, vitamin, dye, food or preservative
5. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non-prescription medications may result in side effects when they interact with the B12 Injection. It is my responsibility to notify the provider if you are taking any of these.
6. Treatments: Are usually on initial visit and then at three-week intervals (during scheduled weigh and measure appointments) or monthly.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court costs and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent B12 Injections with the above understood. I hereby release the doctor, the person injecting the B12 and the facility from liability associated with this procedure.

Patient Name: _____

Patient Signature: _____ **Date:** _____

OFFICE USE ONLY

Procedure: Vitamin B12 1000mcg IM

Location: RUE or LUE

Lot #: _____ **Dose #:** _____ **Exp. Date:** _____

Administered By: _____