

B12 INJECTIONS INFORMED CONSENT

Patients Name Dat	:e
Vitamin B-12 helps maintain good health and has been show stress, fatigue, improve memory and cardiovascular health, assist the body in converting proteins, fats and carbohydrate skin and eyes.	and maintain a good body weight. It can also
B12 Injections are better absorbed by the body since they go to B12 injections are Oral Vitamins, B12 Patch, Lozenges, Lic	•
B12 Injections common side effects include but are not limit	ed to:
1. Risks: I understand there is risk of mild diarrhea, upset sto sensation at the site of the injection, a feeling, or a sense, of headache and joint pain	
2. If any of these side effects become severe or troublesome	e I will contact my physician immediately
3. I understand that although rare Vitamin B12 injections ca is a relatively rare occurrence, anyone taking vitamin B12 injuncommon side effects are much more serious than the corsuch side effects should be reported to a physician to be evaluated angerous side effects include:	jections should be aware of the possibility. mmon side effects of B12 injections, and
• rapid heartbeat	
• chest pain	
• flushed face	

• muscle cramps and weakness

dizziness

• confusion

• difficulty breathing and swallowing

• rapid weight gain
• tight feelings in the chest
• hives, skin rashes
• shortness of breath when there is no physical exertion and unusual wheezing and coughing.
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.
• Leber's Disease
Kidney disease
• Liver disease
• An infection
• Iron deficiency
Folic acid deficiency
• Receiving any treatment that has an effect on bone marrow
Taking any medication that has an effect on bone marrow
• 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.
6. Treatments: Can be once a month, Once a week, Twice a week and will be determined by the provider. 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 cost 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 Signature Date: