



**B-12 Injections**  
**Informed Consent**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Vitamin B-12 (**methylcobamalamine b-12**) helps maintain good health and has been shown to be beneficial in helping to:

- Reduce Stress
- Reduce Fatigue
- Improve Memory
- Assist in converting Proteins, Fats and Carbohydrates into Energy
- Improve Cardiovascular Health
- Maintain Healthy Body Weight
- Preserves Healthy Skin & Eyes

B-12 Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to B-12 injections are Oral Vitamins, B-12 Patches, Lozenges, Liquid Drops and Nasal Spray.

Certain herbal products, vitamins, minerals, nutritional supplements and medications may result in side-effects when they interact with the B-12 Injection. Although serious side effects as a result of Vitamin B-12 injections are rare, anyone taking B-12 injections should be aware of the following potential side effects:

- Rapid Heartbeat
- Chest Pain
- Flushed Face
- Muscle Cramps/weakness
- Difficulty Breathing/Swallowing
- Dizziness
- Confusion
- Rapid Weight Gain
- Tight Feelings in the Chest
- Hives, Skin Rashes
- Shortness of Breath

Before starting B-12 injections be sure to tell your physician if you are pregnant, lactating or have any of the following conditions:

- Leber's Disease
- Kidney Disease
- Liver Disease
- An Infection
- Iron Deficiency
- Folic Acid Deficiency
- Are receiving treatment that affects bone marrow
- Are taking medication that affects bone marrow
- An allergy to cobalt or any other medication, vitamin, dye, food or preservative

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. By signing below, I acknowledge that I have read this informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this, and all subsequent B-12 Injections, with the above understood. I hereby release the doctor, the person injecting the B-12 and Complete Care from liability associated with this procedure.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_