

CONSENT TO TREATMENT

This is to acknowledge that I have been informed and understand that:

1. Intramuscular injections are intended to promote health but may have side effects. While chances of experiencing complications are small, it is the practice of our clinic to inform patients about them. These complications may occur at the injection site and include, but are not limited to soreness, temporary pain or discomfort, mild swelling, soft tissue injury or bruising, dizziness, or temporary worsening of existing symptoms. More serious complications are extremely rare but if rash, shortness of breath, swelling in mouth, lips or face occur directly after injection, report to emergency care as soon as possible or call 911. Additional information on side effects and complications is available upon request.

2. Intramuscular injections will be administered in one of two locations depending on patient preference: deltoid muscle of right or left arm, or in dorsogluteal muscle on right or left hip. Your healthcare provider will review procedure with you prior to injection. Please ask questions where they may arise. If you have any past experiences with needle phobia, fainting or heightened pain response, please notify practitioner prior to injection so they may take proper precautions. If your physician does not explain the procedure, its benefits and risks to your satisfaction, please ask for more information.

3. Methylcobalamin or Hydroxycobalamin will be used for this injection series. Typically, those who receive B12 injections experience more energy which may cause difficulty sleeping at night if taken late in the day. Urine discoloration may occur due to pigment of vitamin. Mild detoxification reactions can occur, such as increased fatigue, headache, increased muscle fatigue or cramping, and possible nausea, or change in bowel movements.

I have read and understand the above and have had the opportunity to ask questions. I hereby consent to treatment.

Print Name

Signature of Patient

Date