

B Vitamin Injection Consent (MIC B12)

What is Vitamin B?

Vitamin B-12 helps maintain good health and has been shown to be beneficial in helping to: Reduce stress, 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.

What is MIC Vitamin B12?

Methionine inositol choline (MIC) B12 injections contain a blend of nutrients that help your body release fatty deposits. For example, inositol stimulates fat removal by your liver, while choline prevents cholesterol buildup and deposits. Methionine, an essential amino acid, helps inositol work even more efficiently.

MIC injections also contain vitamin B12, which can further stimulate your metabolism and give you a boost of energy, especially if you don't get enough B12 each day. When methionine, inositol, choline, and B12 are combined into one injection you have a higher chance of getting rid of excess fat deposits throughout your body.

B12 Injections common side effects include but are not limited to:

- Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headache, and joint pain
- If any of these side effects become severe or troublesome, I will contact my physician immediately
- I understand that although rare Vitamin B12 injections can result in serious 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. Uncommon and dangerous side effects include:

- Rapid heartbeat
- Chest pain
- Flushed face
- Muscle cramps and weakness
- Difficulty breathing and swallowing
- Dizziness
- Confusion
- Rapid weight gain
- Chest tightness
- Hives, skin rashes
- Shortness of breath when there is no physical exertion and unusual wheezing and coughing

Before starting vitamin B12 injections I will make sure to tell my skin care professional 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 medications that have an effect on bone marrow
- Allergy to cobalt or any other medication, vitamin, dye, food, or preservative

I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription, and nonprescription medications may result in side effects when they interact with the B12 Injection.

Treatments: Can be once a month, once a week, twice a week and will be determined by the provider.

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) _____ Date _____

Client Name (signature) _____

Skin Care Professional (signature) _____