



Lipo C/Lipo/ Lipo-B12/B6/B-12 injections Consent Form

By signing below I understand and have been informed of the following:

Each patient responds differently to medicine and may respond differently from one treatment to the next. As with all medicines, results are temporary and regular dosing is necessary. The length of time the injectable medication lasts varies in each patient. No guarantee can be made with regard to the results and length of time it lasts.]

There are some risks with any treatment. The following is the list of possible risk with injections:

- Pain or bruising, redness, bleeding at the injection site (these are usually minimal and dissipate in minimal amount of time).

1. Some people may experience allergic reaction to the injections.
Stomach upset and urinary problems (urge incontinence), diarrhea.

2. Joint pain

3. It has been reported that B12 can cause peripheral vascular thrombosis, itching.

4. B12 is contraindicated in Leber's hereditary optic neuritis, as it can cause blindness.

5. Weight loss can be inconsistent from one week to the next.
I had been given the opportunity to have all of my questions answered.

6. Too much Methionine and Adenosine Monophosphate can potentially accumulate in the body and have the side effect of boosting the metabolic rate too high. If any abnormal heart racing occurs, I will contact my medical provider immediately

7. Depression

8. Extreme exhaustion

9. Unexplained pain

10. Call the health care provider if you experience signs of an allergic reaction such as: wheezing, chest tightness, fever, itching, swelling of face, lips, tongue, or throat, if you experience behavioral problems, chest pain, pressure, fast heartbeat, severe dizziness, or passing out

I will inform my practitioner of any changes in my medical history, current medications, and/or any changes relevant to this procedure prior any further treatments.

I, have read and understand the ingredients of the injections being administered to me and I consent to treatment. I further acknowledge that I am taking this injection(s) of my own accord. I agree to release the facility and the medical practitioner from any liability arising from the procedure.

By Signing, I (Patient Name print) _____
agree to the terms of this contract as stated above.

Signature

Date