



Vitamin B Injection: Patient Consent

A. Purpose and Background

- Vitamin B injections can boost energy, stamina and the immune system, as well as enhance the skin for a healthier appearance.

B. Procedure

- Vitamin B injections are administered in the gluteus or deltoid muscle. For therapeutic treatment, injections can be received twice weekly for 4 weeks, and then maintained monthly or based on the patient's needs.

C. Risks/Discomfort

- I understand that there is a possibility of minimal redness, swelling and tenderness at the injection site for 1 – 3 days. I agree if I have any concerns regarding my Vitamin B injection, I will contact VanderVeer Center promptly.
- Rarely people experience nausea, diarrhea, upset stomach, worsening of acne, headache, dizziness, or weakness.

D. Alternatives

- Vitamin B injections are strictly voluntary; no treatment is necessary or required. Alternative treatments may include oral dosing or doing nothing at all.

E. Consent for Procedure

- Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.
- I have provided my complete medical history and medications.
- I understand that pregnancy and Leber's Disease is a contraindication for treatment. I am currently neither pregnant nor nursing.
- I do not have any allergies to Nickel or Cobalt.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the State of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

I elect to proceed with Vitamin B injection treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____