

# ASPEN CLINIC: Intramuscular Injections – PROVIDED PATIENT INFORMATION

## B12 Facts

Vitamin B12 shots are most effective when taken at regular intervals (usually weekly or monthly). The body's ability to absorb vitamin B12 is reduced with increasing age. Older people are often detected to have a more potent vitamin B12 deficiency, even in cases where they do not suffer from pernicious anemia. Methylcobalamin (Methyl B12) is a unique form of vitamin B12, which is more readily converted into the coenzyme forms than conventional cyanocobalamin.

## Benefits of B12

- Escalates metabolism, thereby aiding in weight loss
- Healthier immune systems
- Improves sleep without making you drowsy
- Increases energy, mental awareness and alertness
- Reduces allergies
- Helps the body to prevent stress, tension and anxiety
- Fights depression
- Improves mood stabilization
- Surges stamina for everyday tasks
- Lessens frequency/severity of migraines/ headaches
- Helps lower homocysteine levels in the blood, thereby reducing the probability of heart diseases and strokes

**Payment Consent:** I understand that Aspen Clinic Inc is a 'cash practice'; therefore, my insurance will not necessarily cover any procedure or payment toward any of my sessions. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

*I have read the above information and clearly understand the purpose and risks of B12 and Lipotropic injections.*

*I agree to the payment terms and costs of the injections and procedures.*

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## INFORMED CONSENT FOR TREATMENT

**Purpose:** This informed consent form is intended to 1) give fair notice of the requirements of patients seeking to participate in the vitamin injectables offered as a part of a weight loss program at Aspen Clinic Inc, 2) fully disclose some of the risks associated with participation in the injections available at the Aspen Clinic, and 3) obtain a written "Informed Consent" from the patient to undergo treatment by healthcare practitioners and employees associated with Aspen Clinic Inc.

A vitamin B12 shot is safe and generally has no negative side effects, even in higher doses. Some redness and/or swelling at the injection site may occur as with any injection. This should start to get better within forty-eight (48) hours. In rare cases, B12 can cause diarrhea, peripheral vascular thrombosis, itching, rash, hives, a feeling, or a sense, of being swollen over the entire body, headache and joint pain. Also, any vitamin allergy to any component of the injectables can cause an allergic reaction.

I acknowledge that no guarantee or assurance has been given by anyone as to the results which may be obtained. Each patient will respond differently and no guarantees of effectiveness, satisfaction, or duration of effect have or can be made. I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE REGARDLESS OF THE RESULTS.

I have read the information regarding risks and benefits of B12 and I understand the possible complications of injection therapy. I also understand the Aspen Clinic staff will not provide Medical Advice. I understand the benefits and risks of this shot. I hereby release my Employer, Aspen Clinic Inc, all Aspen Clinic associated staff, and any other organizations associated with this immunization, their affiliated, associated and related entities, and the directors, officers, employees, successors and assigns of all such persons and entity from any and all liability arising from or in any connection with this Vitamin B12 injection. I am in good health and/or I have my physician's approval. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to give any information consent to the proposed treatment. I consent to having injections today and for all subsequent treatments.

**Patient Name (PRINT):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_