

MERULLI ACUPUNCTURE & WELLNESS

Desiree Merulli, L.Ac., EAMP, LMP, RYT

INFORMED CONSENT FOR B-12 INJECTIONS

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. B-12 Injections are better absorbed by the body since they go directly into the bloodstream.

B-12 Injections common side effects include but are not limited to:

1. Risks: I understand there is a 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.
2. If any of these side effects become severe or troublesome, I will contact my physician immediately.
3. I understand that although rare, Vitamin B-12 Injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Vitamin B-12 Injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B-12 Injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:

| | | |
|----------------------|----------------|----------------------------------|
| *Rapid heartbeat | *Dizziness | *Tight feeling in chest |
| *Chest pain | *Confusion | *Hives, skin rashes |
| *Shortness of breath | *Muscle cramps | *Difficulty breathing/swallowing |

4. Before starting Vitamin B-12 Injections I will make sure to tell my acupuncturist if I am pregnant, lactating or have any of the following conditions:

| | | | |
|-------------------------------------|---|-------------------------|------------------------|
| *Allergy to cobalt | *Iron deficiency | *Any bone marrow issues | *Folic acid deficiency |
| *Any infection | *Kidney disease | *Liver disease | *Leber's disease |
| *Allergy to any medication/dye/food | *Taking medication that has effect on bone marrow | | |

I have an EpiPen: YES NO

5. I understand that certain herbal products, vitamins, minerals, nutritional supplements; prescription and non-prescription medications may result in side effects when they interact with the B-12 Injections.
6. Treatments can be once a month, once a week, and twice a week and will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent B-12 Injections with the above understood. I hereby hold harmless and release Desiree Merulli, L.Ac., EAMP, RYT, and the facility (Merulli Acupuncture & Wellness) from any liability associated with this procedure.

Name _____ Phone _____ DOB _____

Address _____ City _____ State _____ Zip _____ Email _____

Patient Signature _____ Date _____

How did you hear about my practice? Website/Referral/Friend/other _____