Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vitamin B-12 (Methylcobalamin)**

B12 Injection side effects include but are not limited to:

1. Common side effects: I understand there is risk of:
	1. Headache
	2. Itching
	3. Swelling
	4. Nervousness and anxiousness
	5. Involuntary or uncontrollable movements
2. Serious side effects: If any of these side effects become severe or troublesome, I will contact my medical practitioner immediately:
	1. Low levels of potassium in the blood
	2. Congestive heart failure
	3. Clots in the arms and legs
	4. Life-threatening allergic reaction called anaphylaxis, in which you may have trouble breathing, your tongue swells and/or throat closes up, and your skin breaks out into hives
	5. Fluid building up in the lungs
3. Some medications that have serious interactions with Vitamin B12 are:
	1. Leukeran (chlorambucil)
	2. Prilosec (omeprazole)
	3. Colcrys and Mitigare (colchicine)
	4. The herbal supplement goldensealI will tell my medical practitioner if I am pregnant, lactating, or have any of the following:

**Vitamin B12 and Alcohol**

Alcohol decreases levels of B vitamins in the body -- especially if you drink a lot. You should avoid or limit alcohol consumption while taking vitamin B12.

**Vitamin B12 and Grapefruit Juice**

You should avoid eating grapefruit and drinking grapefruit juice while taking vitamin B12.

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 Vitamin B-12 Injections with the above understood. I hereby release the practitioner, the person injecting the B12 and the facility from liability associated with this procedure.

**Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**LIPOTROPICS (Methionine, Inositol, Choline): MIC**

Lipotropic compounds are those that help promote the breakdown of fat during metabolism in the body. They promote or encourage the export of fat from the liver. Lipotropics’ are necessary for maintenance of a healthy liver, and for burning the exported fat for additional energy.

1. Possible side effects of **Methionine** include:
	1. Drowsiness
	2. Nausea
	3. Vomiting
2. Possible side effects of **Inositol** include:
	1. Nausea
	2. Vomiting
	3. Appetite loss
	4. Redness of skin
	5. Fatigue
	6. Dizziness
	7. Headaches
3. Possible side effects of **Choline** include:
	1. Nausea
	2. Vomiting
	3. Appetite loss
	4. Fishy body odor (excessive amounts)
	5. Dizziness
	6. Low blood pressure
	7. Sweating.

**OTHER VITAMINS**

1. Possible side effects of **Pyridoxine (B6)** include (unlikely):
	1. Headache
	2. Nausea
	3. Drowsiness
	4. numbness/tingling of arms/legs.
2. Possible side effects of **Dexpanthenol (B5)** include:
	1. Diarrhea

**Methionine** is a ***sulfur-containing*** amino acid and should be avoided in anyone who has a sensitivity or allergy to sulfur.

If you have liver disease DO NOT TAKE LIPO-10 due to the chromium in this product.

Possible side effects of **L-Carnitine**: nausea, vomiting, stomach upset, heartburn, diarrhea, and seizures. It can also cause the urine, breath, and sweat to have a "fishy" odor. If you have hypothyroidism, taking **L-carnitine** might make symptoms of hypothyroidism. If you have had seizures, **L-carnitine** seems to increase the likelihood of seizures in those who have had them before.

I understand that although rare lipotropic injections can result in serious side effects. Uncommon side effects should be reported to a medical practitioner to be evaluated for seriousness: Rapid heartbeat,

chest pain, flushed face, muscle cramps and weakness, difficulty breathing and swallowing, confusion, hives, skin rashes, and shortness of breath.

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 lipotropic injections that has been stated below. I hereby release the practitioner, the person administering the injection, and the facility from liability associated with this procedure.

Client’s Signature\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_