



# Michele Delzer, CNP

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## Vitamin B12 Informed Consent

Patient Name: \_\_\_\_\_

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

Vitamin B12 helps maintain health by reducing fatigue, supporting memory, and promoting energy production. Side effects are rare but can include mild diarrhea, upset stomach, nausea, injection site pain/swelling, headache, or joint pain.

By signing this form, I acknowledge and agree to the following:

1. I will contact Rapid City Health Professionals, LLC immediately if I experience any side effects.
2. Rare but serious side effects may occur, including: rapid heartbeat, chest pain, flushed face, muscle cramps, weakness, difficulty breathing or swallowing, dizziness, confusion, rapid weight gain, chest tightness, hives/rashes, shortness of breath without exertion, or unusual wheezing/coughing. If these occur, I will seek medical attention immediately.
3. I will inform Rapid City Health Professionals, LLC if I have: Leber's disease, liver/kidney disease, iron or folic acid deficiency, treatments affecting bone marrow, drug/supplement allergies, or sulfa allergy.
4. I understand Vitamin B12 may interact with some medications or supplements.
5. Use of B12 weekly to biweekly without documented deficiency is considered off-label and not FDA-approved for energy or weight loss.
6. I understand the purpose of B12 is to support general health and energy, not treat specific medical conditions unless deficiency is documented.

By signing, I confirm that I have read this form, understand the risks, and consent to receive B12 injections. I agree to report any side effects immediately. I release Rapid City Health Professionals, LLC, the medical provider, and the administering personnel from liability for any adverse effects.

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

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