



Patient Name: _____

Age/DOB: _____ \ \ _____

Consent for MIC/B₁₂

I understand and acknowledge:

- MIC refers to the combination of Methionine, Inositol and Choline, which are known to have lipotropic (fat burning) characteristics. Vitamin B₁₂ helps maintain good health and have 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.
- These compounds are best delivered by injection because they are better absorbed by the body when delivered into a muscle or the tissue under the skin, and does not go through the digestive system. Alternatives to injections include Oral Vitamins, Liquid drops and Nasal Spray which are not available in this office.
- Common injection side effects include but are not limited to: 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. If any of these side effects become severe or troublesome, I will contact my physician immediately.
- Although very rare, injections can result in more serious side effects. Such side effects should be reported to a physician to be evaluated for seriousness. Uncommon side effects may include:
 - Rapid heartbeat
 - Chest pain
 - Heart palpitations
 - Flushed face
 - Restlessness
 - Muscle cramps and weakness
 - Difficulty breathing and swallowing
 - Dizziness
 - Confusion
 - Rapid weight gain
 - Tight feelings in the chest
 - Hives, skin rashes
 - Shortness of breath when there is no physical exertion and unusual wheezing and coughing.
- Before starting these injections I will make sure to tell the doctor if I am pregnant, lactating or have any of the following conditions:
 - Leber's Disease
 - Kidney disease
 - Liver disease
 - An infection
 - Iron deficiency
 - Folic acid deficiency
 - Receiving any treatment that has an effect on bone marrow
 - Taking any medication that has an effect on bone marrow
 - An allergy to cobalt or any other medication, vitamin, dye, food or preservative

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 injections with the above understood. I hereby release the doctor, the person injecting the B₁₂, and the facility from liability associated with this procedure.

Consent: I have read and understand this acknowledgement and desire to receive the injections described. This consent may be revoked at any time.

Signature of Patient _____

Date _____