

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

I, \_\_\_\_\_, consent to a prescription of and to self-administering one or more of the following vitamin/supplements: B12, GOAL (Glutamine/Ornithine/Arginine/Lysine), MIC (Metionine/Inositol/Choline), and/or Lipotropic (MIC + B12) for the purpose of supplementation as part of my weight loss treatment program.

The aforementioned supplements help to maintain optimal health and have been shown to be beneficial in helping to reduce fatigue, improve memory, increase gut health, decrease ammonia levels, increase endurance, boost immunity and maintain a healthy body weight.

All medications and supplements have potential side effects, including B12, GOAL, MIC, and Lipotropic injection supplementation. Most people tolerate these supplements without issue, side effects are rare. Potential common side effects include but are not limited to: mild diarrhea, upset stomach, bloating, nausea, pain at the injection site, swelling, headache, insomnia, low blood pressure, muscle cramps, gout or gout flare up, increased calcium absorption, kidney inflammation or failure, increase in asthma symptoms, and joint pain.

You acknowledge:

1. That if I begin to have side effects, I will contact Phoenix Vitality & Weight Loss immediately and notify them of what is happening.
2. I understand that although rare, supplement injections can result in serious side effects. If these occur, you should follow up with a medical provider or go to the emergency department immediately. Uncommon and dangerous side effects include: rapid heartbeat, chest pain, flushed face, muscle cramps, weakness, difficulty breathing and swallowing, dizziness, confusion, rapid weight gain, feeling of tightness in the chest, hives and rashes, shortness of breath when there is no physical exertion and unusual wheezing and coughing.
3. Before starting vitamin/supplement injections I agree to make my Phoenix Vitality & Weight Loss provider, Mendi Nixon, A APRN aware if I have any of these conditions: Leber's Disease, liver disease, kidney disease, iron deficiency, folic acid deficiency, high or low blood pressure, gastrointestinal diseases, history of Gout, asthma, parathyroid disorders or any diseases or illnesses I am being treated for or am seen routinely for monitoring by a provider, and will divulge any information regarding diseases and drug/medication/supplement/vitamin or other allergies prior to initiation of injectable supplements.
4. I understand that there could be interactions between the aforementioned injectable supplements and certain medications/supplements.
5. The use of vitamin/supplement injections on a weekly to biweekly basis without a documented B12 or other vitamin or amino acid deficiency is considered off label use and has not been FDA approved for increasing energy levels, gut health, immune boost, and weight loss.
5. Caution is advised while taking B12 if you have a sulfa allergy.

6. I understand I will be self-administering B12 injections and have watched the provided videos on Phoenix Vitality & Weight Loss site regarding self-administered injection and feel comfortable in doing this. Additionally, I have had the opportunity to ask questions regarding self-administration of supplements and acknowledge that I am comfortable with this. I also understand I do not have to receive B12 injections and opt to do this voluntarily as part of my weight loss regimen/program.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for B12 injections. I agree to inform my medical provider immediately if I have any side effects. I hereby release Phoenix Vitality & Weight Loss, Mendi Nixon, A APRN of any damages or liability if anything was to occur.

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