## Vitamin B12 Injection / B12 with Lipo Skinny shot & Phentermine

## CLIENT CONSENT FORM



## Please initial each statement

Client Name (Printed)	Client (signature)	Date
toward Medical Stop, L.L.C for an	y injury or damages incurred due to a history	ny taisification of my medical
I have completed this form truthfo	ully and to the best of my knowledge.	I agree to waive all liabilities
,	ning below, you agree to the following	•
	led this consent form and release of li s, B12 with Lipo, L-Carnitine ( Ms. Ski	
Shot) injections & Phenterm risks arising from the self-adm	isks associated with a Vitamin B12, B1 ine RX., I willingly assume complete hinistration of the injections. I hereby res or damages resulting from the injecti	responsibility for any potential elease Medical Stop, L.L.C, from
· · · · · · · · · · · · · · · · · · ·	tly pregnant, and should this status che ize that the injections are not a substituty eating regimen.	• • • • • • • • • • • • • • • • • • • •
pain at the injection site, head	ache, nausea, dizziness, shortness of brode effects, I will promptly inform Medi	eath, and chest pain. In the event
I have been informed about r	potential side effects, including but no	t limited to redness swelling or
procedures to ensure my safe (Ms. Skinny Shot) injections a enhanced cognitive function	ealthcare professional will administer ty. The potential benefits of the Vitan nd Phentermine, such as heightened en , are understood by me. However, ot yield benefits or could result in side of	min B12, B12 Lipo, L-Carnitine ergy levels, improved mood, and I also acknowledge that these
SHOT) and Phentermine (Phentermine that I have been proposed associated with receiving a Vi	ring Vitamin B12 injection /B12 with I HENTERMINE RX IF RECOMMENT ovided with information regarding the tamin B12, B12 with Lipo (SKINNY Stany inquiries I may have had.	DED) as a dietary supplement. I e potential advantages and risks

# Vitamin B12 Injection/B12 with Lipo L-Carnitine (Ms.Skinny shot)



## PRE & POST TREATMENT CARE ADVICE

For optimal results and a faster recovery, it's essential to maintain a regimen that supports your health and well-being.

#### **Pre-Treatment Advice:**

- Avoid alcohol and excessive caffeine for 48 hours: These substances can dehydrate the body and increase bruising.
- Minimize direct sun exposure and avoid tanning beds for a week prior to your treatment.
- If you are using blood thinners, consult your medical provider about whether they recommend pausing them prior to treatment.
- On the day of your injection treatment, keep the skin clean and free of any lotions or perfumes.
- Avoid the use of Retin-A or exfoliating products for 1 week before treatment.

### Post-Treatment Advice:

- Avoid touching, rubbing, or massaging the injected area for at least 24-48 hours: Allowing the solution to settle properly.
- Apply cold compresses to the treated area for 10-15 minutes at a time if you experience swelling and discomfort.
- Avoid hot baths/saunas for 48 hours after treatment.
- Avoid sun/tanning beds for 2 weeks after treatment: Use SPF 50, wear sun-protective clothing, and seek shade when outdoors.
- Stay hydrated and drink plenty of water.
- Attend follow-up appointments for optimal results and follow a healthy diet and lifestyle to maintain your results.
- INJECTIONS ARE ADMINISTERED EVERY 7 DAYS. DO NOT ADMINISTER INJECTIONS EARLIER THAN EVERY 7 DAYS.