

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

CONSULTATION FORM



**CLIENT INFORMATION:**

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_  Non-Binary

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*Would you like to be added to our email list for news and exclusive offers?*  No  Yes

**MEDICAL HISTORY**

Please mark any of the following conditions you may currently have.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anemia:                | <input type="checkbox"/> Pernicious anemia                      | <input type="checkbox"/> Fatigue            |
| <input type="checkbox"/> Crohn's disease        | <input type="checkbox"/> Gastrointestinal surgery               | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Celiac disease         | <input type="checkbox"/> Vegetarian or vegan diet               | <input type="checkbox"/> Difficulty walking |
| <input type="checkbox"/> Gastric bypass surgery | <input type="checkbox"/> Numbness or tingling in hands and feet | <input type="checkbox"/> Confusion          |
| <input type="checkbox"/> Memory problems        |   | <input type="checkbox"/> Other              |

Do you have any other known allergies?:  No  Yes; \_\_\_\_\_

Are you pregnant or trying to become pregnant?  No  Yes

List any medications/ supplements you take regularly: \_\_\_\_\_

Any recent surgery, including plastic surgery?  No  Yes \_\_\_\_\_

What are the complaints or reasons for seeking a vitamin B12 injection? \_\_\_\_\_

**I certify that all the information I have provided on this form is accurate and complete to the best of my knowledge. I am aware that withholding information or providing false details may lead to adverse reactions or complications.**

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client (signature)

\_\_\_\_\_  
Date

**Vitamin B12 Injection / B12 with Lipo  
Skinny shot & Phentermine  
CLIENT CONSENT FORM**



*Please initial each statement*

- \_\_\_\_\_ I acknowledge that I am receiving Vitamin B12 injection /B12 with Lipo/ L-Carnitine (MS. SKINNY SHOT) and Phentermine (**PHENTERMINE RX IF RECOMMENDED**) as a dietary supplement. I confirm that I have been provided with information regarding the potential advantages and risks associated with receiving a Vitamin B12, B12 with Lipo (SKINNY SHOT) injection and that I have had the opportunity to address any inquiries I may have had.
- \_\_\_\_\_ I am aware that a qualified healthcare professional will administer the injection, adhering to proper procedures to ensure my safety. The potential benefits of the Vitamin B12, B12 Lipo, L-Carnitine (Ms. Skinny Shot) injections and Phentermine, such as heightened energy levels, improved mood, and enhanced cognitive function, are understood by me. However, I also acknowledge that these injections /medications may not yield benefits or could result in side effects.
- \_\_\_\_\_ I have been informed about potential side effects, including but not limited to redness, swelling, or pain at the injection site, headache, nausea, dizziness, shortness of breath, and chest pain. In the event of experiencing any of these side effects, I will promptly inform Medical Stop, L.L.C.
- \_\_\_\_\_ I certify that I am not currently pregnant, and should this status change, I will notify Medical Stop, L.L.C without delay. I recognize that the injections are not a substitute for a well-balanced diet, and I commit to maintaining a healthy eating regimen.
- \_\_\_\_\_ Understanding the inherent risks associated with a Vitamin B12, B12 Lipo, L-Carnitine (Ms. Skinny Shot) injections & Phentermine RX., I willingly assume complete responsibility for any potential risks arising from the self-administration of the injections. I hereby release Medical Stop, L.L.C, from any liability concerning injuries or damages resulting from the injections.
- \_\_\_\_\_ Having read and comprehended this consent form and release of liability, I provide my consent to receive Vitamin B12 injections, B12 with Lipo, L-Carnitine ( Ms. Skinny Shot) and Phentermine RX.

**By signing below, you agree to the following:**

**I have completed this form truthfully and to the best of my knowledge. I agree to waive all liabilities toward Medical Stop, L.L.C for any injury or damages incurred due to any falsification of my medical history**

\_\_\_\_\_ Client Name (Printed)

\_\_\_\_\_ Client (signature)

\_\_\_\_\_ Date

# 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.**



## CANCELLATION POLICY

In order to ensure the provision of high-quality care within a reasonable timeframe, Medical Stop, L.L.C have implemented an appointment and cancellation policy.

As appointments are in high demand, canceling your appointment in advance allows us to offer the time slot to another individual seeking timely care. This policy helps us optimize our appointment availability for all clients.

During the appointment booking process, you will be required to make a **\$25 deposit**, which will be applied as a credit towards your scheduled appointment.

Medical Stop, L.L.C understand that circumstances may arise requiring you to cancel or reschedule your appointment. To avoid any inconvenience, please notify us at least 24 hours prior to your scheduled appointment.

**I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by its terms. I agree to pay the cancellation fee in the event of a missed appointment.**

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Client Name (Printed)

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Client (signature)

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Date



**AUTHORIZATION /VIRTUAL PHONE APPOINTMENTS & NOTICE OF PRIVACY PRACTICES**

I understand that my private healthcare information is protected under HIPPPAA Privacy Regulations.

\*May we leave a message for you on your answering device? Yes\_\_\_\_\_ No\_\_\_\_\_

- I authorize to receive calls from Medical Stop, L.L.C for Virtual / Phone medical appointments. During this appointment. with Medical Stop, LLC, personal medical information will be discussed.

I fully understand that my signature is consent and authorization to be examined by Medical Stop, L.L.C.

*I understand that my entire patient history will remain completely confidential and will not be released without express written consent from me.*

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