

Vitamin/Supplement Consent Form

Vitamins/Supplements are vital for our body's normal function and are absolutely necessary for our growth, general-well being, and vitality. Except for a few exceptions, vitamins cannot be manufactured or synthesized by the body and their absence or improper absorption results in specific deficiency diseases. Therefore, it is important for our body to obtain vitamins from outside sources to battle against vitamin deficiency. Research indicates that many vitamins taken in large doses can have miraculous healing effects in a wide range of common complaints and illnesses. Proper vitamin injections can supply the much needed nutrients your body needs to maintain and enhance normal bodily functions. Vitamins/Supplement Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, Liquid Drinks, Lotions, Topical Creams, and Sprays. Please read and sign the following informed consent prior to treatment.

DHG offers the following vitamins/supplements- NAD+ IM, NAD+ Nasal Spray, MICC, Biotin

NAD

Nicotinamide riboside is an alternative form of vitamin B3, also called niacin. Like other forms of vitamin B3, nicotinamide riboside is converted by your body into nicotinamide adenine dinucleotide (NAD+), a coenzyme or helper molecule. NAD+ acts as fuel for many key biological processes, such as:

- Converting food into energy
- Repairing damaged DNA
- Fortifying cells' defense systems
- Setting your body's internal clock or circadian rhythm

However, the amount of NAD+ in your body naturally falls with age. Low NAD+ levels have been linked health concerns like aging and chronic illnesses, such as diabetes, heart disease, Alzheimer's disease and vision loss.

Potential benefits

- Improved energy levels: NAD plays a crucial role in converting food into energy.
- Enhanced cognitive function: It may help with age-related cognitive decline and neurodegenerative diseases like Alzheimer's and Parkinson's.
- Muscle recovery: NAD supplementation could promote muscle recovery after exercise.
- Cardiovascular health: It has potential benefits for heart health.
- Improved mental clarity and alertness: NAD supports cellular processes that enhance cognitive function.

Natural Ways to Boost NAD

If you're not ready to take the NAD supplement leap, there are ways to boost NAD naturally with simple lifestyle changes. Here's what you need to know.

- Exercise: Regular aerobic and resistance training exercise has a regenerative effect on NAD levels and can even return them to young adult levels. A 2019 study found that aerobic and resistance training increase NAMPT, the precursor to NAD.
- Circadian Rhythm & Sleep: Your circadian rhythm (AKA internal 24-hour clock) and sleep patterns directly correlate with NAD+ production. Getting enough sleep is key for maintaining adequate levels—sleep deprivation and disrupted sleep patterns are associated with decreased NAD+ synthesis.
- Environmental Stress (Heat/Cold): Cold plunge pools and saunas may help boost NAD. Exposure to extreme hot and cold temperatures may place extra stress on the body, triggering the production of NAD+.
- Certain foods: A balanced diet can provide all the NAD you need, especially if you include foods rich in

vitamin B3 (niacin) and leafy green vegetables. Vitamin B3 (aka niacin) can easily be found in meat, fish, dairy products, avocado, and whole grains and is the precursor to NAD. Niacin converts to NAD for use in cellular metabolism. Tryptophan, a precursor for NAD, is found in turkey, chicken, fish, nuts, and soy. Leafy green vegetables, including broccoli, colored cabbages, and green onions, also contain compounds that positively influence NAD levels.

MICC

MICC injections are a combination of vitamins, amino acids, and nutrients that aid the body in breaking down and releasing fat. The injections include methionine, inositol, choline, and cyanocobalamin (B12). MICC injections are often used in weight loss regimens as well as to promote healthy cell function and increased energy.

- Methionine: Helps break down sugars & carbohydrates and convert to energy. Building block for protein synthesis.
- Inositol: Converts food to energy. Also has a calming effect and has shown to reduce panic attacks.
- Choline: Healthy nerve cells, cuts muscle recovery time, helps convert fat to energy Cyanocobalamin (B12): Increases energy and metabolism. Plays a key role in the normal function of the brain and nervous system
- MICC injections are often used in weight loss regimens as well as to promote healthy cell function and increased energy.

Biotin

Biotin is a B-complex vitamin that helps your body break down food into energy. You can get it from eating meats, eggs, fish, seeds, nuts, and some vegetables, or by taking a daily supplement. Biotin, also known as vitamin B7, supports many parts of your body, including your nervous system, liver, eyes, hair, and skin. It helps the enzymes in your body carry out their jobs and keeps cells working as they should.

Some of its possible health benefits include:

- Diabetes management- Studies show that biotin supplements may help manage [symptoms of diabetes](#). It might help reduce blood sugar levels, total cholesterol, and blood fats in some people with diabetes. Additionally, B vitamins are important for your brain and nervous system, which could help with neurological symptoms of diabetes, such as [neuropathy](#) (nerve damage).
- Biotin for hair- Some people have turned to biotin for longer, healthier hair. Research suggests that biotin supplements may benefit people with biotin deficiency or certain medical conditions affecting hair growth, such as alopecia.
- Nail health- As with hair, Biotin supplements may benefit people with biotin deficiency or certain medical conditions affecting nail health.
- Biotin for skin- Researchers have looked at the role of biotin in various skin conditions. They've linked a shortage of the vitamin to dermatitis, acne scarring, and other skin problems.
- Prenatal care- Biotin is necessary for a healthy [pregnancy](#). Studies show that about a third of pregnant women in the U.S. have mild biotin deficiencies. During pregnancy, it is recommended that you eat foods rich in biotin or talk to your doctor about taking a biotin supplement.
- Nerve health- Biotin is thought to help nerves recover from damage, especially in people with progressive diseases, such as [multiple sclerosis](#).

Foods With Biotin

Biotin is a water-soluble vitamin, which means your body can't store it the way it stores fat-soluble vitamins. Instead, you have to replace it daily. Foods high in biotin include:

- Beef liver. Just 3 ounces of cooked liver has 30.8 micrograms, which is 100% of your daily value.
- Eggs, especially egg yolks. One cooked egg has 10 micrograms of biotin.
- Milk. One cup of 2% milk has 0.3 micrograms of biotin. Milk also contributes to bone and teeth health, and it is a good source of protein, [calcium](#), phosphorous, potassium, and vitamin D.
- Bananas. One serving (half a cup) of banana has 0.2 micrograms of biotin. Bananas also have vitamin B6, vitamin C, and the minerals manganese, potassium, and magnesium.
- Nuts and seeds have biotin, but how much you get depends. For instance, a quarter-cup of roasted almonds has 1.5 micrograms, but just six walnut halves have 9.5 micrograms. A quarter-cup of roasted sunflower seeds has 2.6 micrograms of biotin, more than the amount present in any other seed.
- Pork chops. A 3-ounce serving of [pork](#) chops has 3.8 micrograms of biotin.
- Salmon. A 3-ounce serving of cooked salmon has 5 micrograms of biotin, about 17% of your daily value.
- Sweet potatoes have 2.4 micrograms of biotin in half a cup, about 8% of your daily value of biotin.
- Mushrooms have biotin, too. A 100-gram serving of portabella mushrooms (a little more than 1 cup) contains 11.1 micrograms.

Biotin Deficiency

It's very rare to have a biotin deficiency, especially when you're healthy and eat a well-balanced diet. But there are symptoms if you're low on biotin, and they usually show up slowly. Biotin deficiency symptoms can include:

- Hair loss (alopecia)
- A red rash around your eyes, nose, mouth, and genital area
- Brittle nails
- Depression
- Lethargy (lack of energy)
- Hallucinations
- Numbness of your extremities (hands or feet)
- [Seizures](#)

Common Side Effects of Vitamins/Supplements

I understand there is risk of mild diarrhea, upset stomach, nausea, mild pain, a warm sensation at the site of the injection, a sense of feeling 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. I understand that Vitamins/Supplement injections can result in rare but serious side effects. These uncommon but serious side effects should be reported to your provider to be evaluated. These side effects include:

- Headache
- Nausea
- Diarrhea
- Bloating
- Constipation
- Indigestion or Heartburn
- Abnormal Bleeding
- Gastrointestinal Hyperactivity
- Chest Pain
- Flushed Face
- Weakness
- Chills
- Fever
- Upset Stomach
- Kidney Stones
- Fingernail Weakening
- Hair Loss
- Rapid Heartbeat

- Heart Palpitations
- Restlessness
- Muscle Cramps
- Dizziness

Serious Side Effects/Allergic Reactions

I understand the possibility of having an allergic reaction to any of the ingredients found within the Vitamins/Supplements injection. I will communicate with my provider if I have any known allergic reactions to foods, dyes, preservatives, or any other substances. If I experience any of the following signs of allergic reaction, I will immediately consult my provider and discontinue further use of the product. Signs of allergic reactions include, but are not limited to:

- Itching of skin
- Hives
- Rashes
- Wheezing
- Difficulty breathing
- Swelling of mouth or throat

Interactions

When medications are taken in conjunction with the Vitamins/Supplement Injection, drug interactions could occur. These interactions can either increase your risk of bleeding or block the absorption of the Vitamins/Supplements into the body. Consult with your provider regarding any medications you are taking prior to receiving Vitamins/Supplement injections. Some of the medications that may cause drug interactions include, but are not limited to:

- Heparin (Fragmin, Lovenox, Innohep...ect.)
- Antithrombin (A Tryn, Thrombate III)
- Clopidogrel (Plavix)
- Warfarin (Coumadin, Jantoven)
- Nonsteroidal anti-inflammatory drugs (Ibuprofen,...etc.)
- Argatroban
- Aspirin
- Ibuprofen
- Dipyridamole (Persantine)
- Bivalirudin (Angiomax)

Contraindications

Before starting the Vitamins/Supplement injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Leber's Disease
- Kidney disease
- History of Kidney stones
- Liver disease
- Hormonal disease
- Cardiovascular disease
- History of ulcers
- History of gastrointestinal problems
- Bipolar disorder (manic depression)
- Attention Deficit Hyperactivity Disorder
- Muscular Dystrophy
- Epileptic seizures
- Hypoglycemia

- Schizophrenia
- Benign prostatic hypertrophy (BPH)
- Acetaminophen poisoning
- Hypertension (high blood pressure)
- History of seizures
- Under-active thyroid (hypothyroidism)
- Osteoporosis
- Receiving treatment or taking any medication that might “thin” the blood
- Receiving treatment or taking medication that has an effect on bone marrow
- An infection
- Iron deficiency
- Folic acid deficiency
- Dependent on intravenous nutrition (TPN) or liquid nutrition products for food
- Diabetes, mellitus, or high blood sugar levels
- An unusual or allergic reaction to other medicines, foods, dyes, or preservatives

I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the Vitamins/Supplement Injection.

Treatment: Will be determined by the provider.

I have read the information regarding risks and benefits of Vitamins/Supplement injections and have had a chance to ask questions on the treatment. I understand and accept the benefits versus risks of vitamin treatment. I understand the possible complications of injection therapy and slight chance for sensitivities and reactions to the vitamin solution. I hereby release Divine Health Group and my providers from all liabilities regarding my treatment with vitamin injections.

WAIVER OF LIABILITY AND RELEASE FOR IV AND VITAMIN/PEPTIDE ADMINISTRATION

1.) IN CONSIDERATION FOR UNDERGOING INTRAVENOUS THERAPY AND INTRAMUSCULAR THERAPY, I, THE UNDERSIGNED, FOR MYSELF, MY HEIRS, ELECTORS, ADMINISTRATORS AND ASSIGNS, HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD DIVINE HEALTHCARE LLC, EMPLOYEES, REPRESENTATIVES, DESIGNEES, MEMBERS, MANAGERS, AGENTS, OFFICERS, AND BOARD RELEASEES, AND THE SUCCESSORS AND ASSIGNS OF ANY OF THEM, (HEREINAFTER JOINTLY REFERRED TO AS AGENTS), WITHOUT LIMITATION, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF, RELATED TO OR CONNECTED IN ANY WAY WITH DIVINE HEALTH GROUP LLC PREMISES, MY PARTICIPATIONS IN INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS, ANY OF WHICH MAY CAUSE DAMAGE OR INJURY TO ME WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE AND ITS AGENTS OR

CARELESSNESS OR OTHERWISE.

2.) MY PARTICIPATION IN INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS IS VOLUNTARY AND DONE AT MY OWN RISK. I HEREBY CONFIRM THAT NO WARRANTY, GUARANTEE OR OTHER ASSURANCE HAS BEEN MADE TO ME BY RELEASEE OR ITS AGENTS COVERING THE RESULTS OF THE INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS, WHICH HAS BEEN EXPLAINED TO ME. I UNDERSTAND THE ADMINISTRATION OF INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS, INCLUDING POSSIBLE ADVERSE REACTIONS, SIDE EFFECTS, OR OTHER POSSIBLE COMPLICATIONS. I UNDERSTAND, CONSENT, AND AGREE TO ASSUME THOSE RISKS IN ADVANCE OF ANY INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS.

3.) I AGREE TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE RELEASEE AND ITS AGENTS, WHO THOROUGH NEGLIGENCE OR CARELESSNESS OR OTHERWISE, MIGHT BE LIABLE TO ME (OR MY HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS) FOR DAMAGES THAT MAY OCCUR DUE TO MY PARTICIPATION IN INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS OR FROM ME ENTERING DIVINE HEALTH GROUP LLC OR ITS PARTNERS PREMISES TO ENGAGE IN

SUCH USAGE.

4.) I AGREE THAT THIS WAIVER OF LIABILITY AND RELEASE SHALL BE CONSTRUCTED UNDER THE LAWS OF THE STATE OF COLORADO

5.) I UNDERSTAND THAT INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS ARE USED ONLY BY PERSONS IN GOOD GENERAL HEALTH. I HAVE BEEN ADVISED THAT IF I SUFFER FROM ANY MEDICAL CONDITIONS OR ILLNESS WHATSOEVER, I SHOULD NOT RECEIVE INTRAVENOUS THERAPY OR INTRAMUSCULAR INJECTION. I ACKNOWLEDGE AND REPRESENT THAT (1) I HAVE READ, UNDERSTAND AND FULLY AGREE TO THE FOREGOING WAIVER OF LIABILITY AND RELEASE, (2) THE PROPOSED INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS HAVE BEEN SATISFACTORILY EXPLAINED TO ME AND I HAVE ALL THE INFORMATION I DESIRE, (3) I HAVE HAD A PREVIOUS MEDICAL EXAMINATIONS TO ASSURE MYSELF AND ASSUME MY OWN RESPONSIBILITY TO GOOD HEALTH AND CAPABILITY TO RECEIVE INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS, AND (4) I HEREBY GIVE MY AUTHORIZATION AND CONSENT. THIS WAIVER OF LIABILITY AND RELEASE IS EFFECTIVE AS LONG AS I UNDERGO INTRAVENOUS THERAPY AND/OR INTRAMUSCULAR INJECTIONS AT THIS LOCATION NOW AND IN THE FUTURE. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE BY RELEASEE OR ITS AGENTS; I AM AT LEAST 18 YEARS OLD AND FULLY COMPETENT; I AGREE THAT I WILL COMPLY WITH ALL INSTRUCTIONS REGARDING INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS. I AGREE TO AND UNDERSTAND THAT REFUNDS ARE NOT GIVEN ON INTRAVENOUS THERAPY AND INTRAMUSCULAR INJECTIONS.

Informed Consent for Intravenous (IV) Therapy and Intramuscular (IM) Injections:

This document is intended to serve as confirmation of informed consent for IV therapy and IM injections at Divine Healthcare LLC.

I, the undersigned, hereby authorize the providers and nurses to administer IV therapy and/or IM injections.

I understand the IV procedure involves inserting a needle into your vein and infusing prescribed nutrients (vitamins, minerals and amino acids) over a determined period of me. I realize that there may be some discomfort at the site of treatment and that it is my responsibility to inform the provider or nurse of any burning, pain or negative reactions I may experience. During IV treatment, it is possible for the injection fluid to leak out of the vein into the surrounding tissue. I understand that, although the infiltrated fluid may cause pain, it is not dangerous to my health and my body will absorb the fluid. I realize that, during and after my treatment, I may experience temporary discomfort at the site of treatment.

I will inform the provider of any known allergies to drugs or other substances that may be in the ingredients of my solutions.

I will inform the provider of all current medications and supplements

I understand that risks, benefits and alternatives to IVs and IM injections may include but are not limited to:

1. Risks and Potential Side Effects

Discomfort, bruising and pain at the site of injection

Inflammation of the vein used for the injection, phlebitis, metabolic disturbances and injury

Severe reaction, anaphylaxis, cardiac arrest, or death

2. Benefits

Injectables are not affected by stomach or intestinal disease.

Total amount of infusion enters the bloodstream and is available to the tissues.

Higher doses of nutrients can be given by vein than by mouth without intestinal irritation that can accompany doses given by mouth

3. Alternatives to the intravenous vitamin therapy include oral supplementation and/or dietary and lifestyle changes.

I AM AWARE THAT OTHER UNFORESEEABLE COMPLICATION COULD OCCUR. I UNDERSTAND THE RISKS AND BENEFITS OF THE PROCEDURE AND HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED. I UNDERSTAND THAT I HAVE THE RIGHT TO CONSENT TO OR REFUSE ANY PROPOSED TREATMENT AT ANY TIME PRIOR TO ITS PERFORMANCE. MY SIGNATURE ON THIS FORM AFFIRMS THAT I HAVE GIVEN MY CONSENT TO IV THERAPY AND/OR IM INJECTIONS OR WITH A DIFFERENT OR FURTHER PROCEDURE, WHICH IN THE OPINION OF MY PROVIDER(S) OR OTHER(S) ASSOCIATED WITH THIS PRACTICE, MAY BE INDICATED. I UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM AND AGREE TO THE FOREGOING. I UNDERSTAND THAT THERE IS NO IMPLIED OR STATED GUARANTEE OF SUCCESS OR EFFECTIVENESS OF ANY TREATMENT. THE PROCEDURE(S) SET FORTH ABOVE HAS BEEN ADEQUATELY EXPLAINED TO ME BY MY PROVIDER.

Patient's Signature or Person Authorized to Sign for Patient

Person Authorized To Sign for Patient (Name & Authority)