

IVita Wellness,LLC  
NAD (nicotinamide adenine dinucleotide) Consent

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician phone number: \_\_\_\_\_

Allergies Drug & Non-drug (vitamins) or food or environmental: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

Family Medical History: \_\_\_\_\_

Medications taking or prescribed: \_\_\_\_\_

Vitamins taking or over the counter: \_\_\_\_\_