

**Informed Consent for B Vitamin and Lipotropic Injection Therapy**

This document is intended to serve as confirmation of informed consent for injection therapy such as ordered by Dr. Phong Nguyen and Jamie Howder, FNP-BC

I have informed Dr. Phong Nguyen and Jamie Howder, FNP-BC of any known allergies to drugs or other substances, or of any past reactions to injections. I have informed the practitioner of all my medical conditions and current medications. I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

I understand that:

1. The procedure involves inserting a needle into various areas of the body and injecting of vitamins and other homeopathic remedies.

2. Risks of injection therapies include but are not limited to:

a. Occasionally to commonly:

Discomfort, severe pain, bruising, inflammation, injury and numbness at the site of injection.

Fatigue, dizziness, or light-head feeling after the injections.

Fainting or loss of consciousness during the procedure.

b. Extremely rare:

Severe allergic reaction, anaphylaxis, infection.

I am aware that other unforeseeable complications could occur. I do not expect the practitioner to anticipate and or explain all risk and possible complications. I rely on the practitioner to exercise judgement during the course of treatment with regard to any procedure. 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 injection therapy with any different or further procedures which, in the opinion of Dr. Phong Nguyen and Jamie Howder, FNP-BC may be indicated.

My signature below confirms that:

1. I understand the information provided on this form and agree to the foregoing.

2. The procedure(s) set forth above has been adequately explained to me by Dr. Phong Nguyen and Jamie Howder, FNP-BC.

3. I have received all the information and explanation I desire concerning the procedure.

4. I authorize and consent to the performance of vitamin injections.

Patient Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

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

Practitioner signature: \_\_\_\_\_