

## SYNERGY NATURAL MEDICINE CLINIC INFORMED CONSENT FOR VITAMIN INJECTIONS

**Introduction:** You are being asked to participate in a vitamin injection therapy at Synergy Natural Medicine Clinic, which may include Vitamin B-12 and Nicotinamide Adenine Dinucleotide (NAD), as well as other injectable vitamins. Before you decide to participate, it is important that you understand the purpose, risks, benefits, and alternatives of these treatments. This document contains information to help you make an informed decision.

**Purpose of Treatment:** Vitamin injections, including Vitamin B-12 and NAD, are administered to address deficiencies in essential nutrients. Vitamin B-12 is crucial for nervous system function and red blood cell production, while NAD is involved in various cellular processes, including energy metabolism. Additional injectable vitamins may be included to support overall health and well-being.

**Procedure:** The injections involve the administration of vitamins into the muscle tissue. The injections are typically administered in the upper arm or thigh. The frequency and dosage of each vitamin will be determined by Dr. Jennifer Wicher based on your individual needs or request, and medical history.

**Benefits:** The potential benefits of vitamin injections may include improved energy levels, enhanced cognitive function, and support for various physiological processes. These injections may be particularly beneficial for individuals with documented deficiencies or certain medical conditions.

**Risks and Side Effects:** While vitamin injections are generally considered safe, there are potential risks and side effects. These may include, but are not limited to:

1. Pain, swelling, or redness at the injection site.
2. Allergic reactions to the injected substances.
3. Infection at the injection site.
4. Rarely, anaphylactic reactions in susceptible individuals.

**Alternatives:** Alternative methods of addressing vitamin deficiencies include oral supplements, dietary changes, and other non-injectable formulations. You should consider these alternatives to determine the most appropriate course of action based on your individual circumstances.

**Confidentiality:** Your privacy is important. All information obtained during the course of your treatment will be kept confidential, following applicable laws and regulations. Our privacy policies are provided on our website and by signing below you agree that you have had the opportunity to review them.

**Voluntary Participation:** Your participation in these treatments is entirely voluntary. You have the right to refuse or withdraw from the treatments at any time without affecting your relationship with Synergy Natural Medicine Clinic.

**Questions and Contact Information:** If you have any questions or concerns about the vitamin injection therapy, please feel free to ask a member of our healthcare team. If you have additional questions later, you are encouraged to seek further clarification.

By signing below, I acknowledge that I have read and understood the information provided in this document. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to receive vitamin injections, including Vitamin B-12, NAD, and other injectable vitamins, at Synergy Natural Medicine Clinic.

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Synergy Authorized Representative): Signature: \_\_\_\_\_ Date: \_\_\_\_\_