



B Vitamin Intramuscular Injection - Informed Consent Form

Welcome to Synergy Natural Medicine Clinic. Prior to providing you with an intramuscular (IM) injection, we want to provide you with information about IM injections, and receive your consent for IM injections for today and in the future.

Adequate levels of B12 are important in maintaining good health and reducing stress and fatigue. B12 is essential in the production of blood cells, plays an important role the body's generation of energy by helping metabolize carbohydrates, proteins and lipids and helps protect the nervous system, eye sight and the skin.

B12 deficiency is common. Depending on the standard used, an estimated 10% to 40% of Americans are B12 deficient. B12 deficiency is higher in people over 50, as many older adults have trouble absorbing B12 from their food. Deficiency also is more common in people who take antacids. Other B vitamins (B1, B2, B3, B6, B7, B9) are also important in metabolism and their deficiency, while less common, can lead to a wide variety of diseases and disorders.

IM injections of B vitamins and other nutrients involve a 1-3cc shot that is typically injected into your buttocks (or arm) by a hypodermic needle. IM injections of B vitamins are beneficial because they can deliver a very high dose of B vitamins and are readily absorbed by the body since they bypass the gastrointestinal system. IM injections are typically given between 2-8 times a month. Alternatives to IM injections are oral vitamins, patches, lozenges, liquid drops and nasal spray.

It is very common to experience either a burst of energy or a feeling for focus shortly after a B vitamin injection. The most common side effect is soreness at the injection site that typically goes away within 2 to 20 minutes. Some people experience bruising at the injection site that can last from 1-7 days. A cold compress will help alleviate any bruising. Though less common, some people experience mild diarrhea, an upset stomach, nausea or a mild headache. Please let us know about any side effects at your next visit to our Clinic.

Serious side effects should be reported to a physician immediately. This includes a rapid heartbeat, chest pain/tightness, a flushed face, muscle cramping and weakness, difficulty breathing or swallowing, dizziness, confusion or shortness of breath.

Contraindications: Please inform us if you know you have an allergy to cobalt, or any other vitamins or minerals. Before an IM injection, you should let us know if you have any of the following health conditions: Leber's Disease, kidney disease, liver disease, an infection, iron deficiency or folic acid deficiency. We also need to know if you are receiving treatment for, or taking a drug that has an effect on your bone marrow.

Consent for Intramuscular Injection(s)

After reading and understanding the information above, my signature below confirms that:

- I consent to IM injections by Dr. Jennifer Wicher, Dr. Heather Barrett or their medical staff.
- I understand that the care I am being provided is limited to IM injections only.
- I understand that IM injections do not replace seeing a physician for any medical condition I may have.
- I acknowledge that I have not been given any guarantee of cure or improvement in my health.
- I will immediately report any serious side effects to a physician and will contact 911 if I am experiencing a medical emergency.

Patient Name

Date of Birth

Patient/Guardian Signature

Today's Date

Received by

Arbitration Agreement

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider including any heirs to past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers or preceptorship interns who now or in the future treat the patient while employed by, working or associate with or serving as back-up for the health care provider, including those working as the health care provider's clinic or office or any other clinic or office whether signatories to this form or not. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, injunctive relief, or punitive damages.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with the other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date of notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance within the procedures prescribed herein within reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and if not revoked will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If the patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment) patient should initial here. _____. Effective as the date of the first professional services. If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Patient Signature

(Or Patient Representative)

(Indicate relationship if signing for patient)

Office Signature

Date