Natural Flu Shot Injections Informed Consent

Customer's name	Date
	contraction of the flu. The engystal injections toxin levels, as well as stimulate defensive and
	before taking this injection if I am pregnant or sitivity to any component of this injection, I should
Side effects include but are not limited to Fever, chills, minor body aches, and nau	
If any of these side effects become sever immediately	re or troublesome I will contact my physician
that I am personally responsible for payr	rendered to me are charged directly to me and ment. I further agree in the event of non-and/or Court cost and reasonable legal fees,
to the treatment with its associated risks. subsequent Natural Flu Shot Injections v	have read the foregoing informed consent and agree. I hereby give consent to perform this and all with the above understood. I hereby release the on, and the facility from liability associated with this
Patient Signature	Date:
Injector Signature	Date: