

## **Vitamin C Injections Informed Consent**

Customer's name \_\_\_\_\_ Date \_\_\_\_\_

Vitamin C helps maintain good health and has been shown to be beneficial in acting as an anti-oxidant. It has been reported to help treat conditions such as the common cold, cataracts, low iron status, ulcerative colitis, and heart disease. It shows promise in fighting cancer although this has not been medically proven at this time.

Alternatives to Vitamin C injections are Oral Vitamins, Lozenges, and fruits and juices.

I understand I should not get this treatment if I am diabetic, on a sodium restricted diet, or taking coumarin, unless I get an acceptable release from my primary care physician. I cannot have this treatment if I am currently pregnant or nursing. If I have ever shown hypersensitivity to any component of this injection, I should not take it.

Vitamin C Injections side effects include but are not limited to:

- Mild soreness
- Temporary dizziness
- A feeling of pain and headaches
- With rare instances of bowel intolerance or diarrhea.

If any of these side effects become severe or troublesome I will contact my physician immediately

Treatments: will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Vitamin C Injections with the above understood. I hereby release the doctor, the person injecting the Vitamin C and the facility from liability associated with this procedure.

*Patient Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Injector Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_