



Consent & Release Form for B-12 Shot(s)


Name: _____ Phone _____ - _____ - _____
First Middle Last

Address: _____
Street City State Zip Code

Email: _____ Date of Birth: ____/____/____ Male or Female

Are you currently pregnant or breast feeding ☐ Yes or ☐ No **Do you have Leber's disease (an inherited eye disorder)** ☐ Yes or ☐ No
Do you have Hemochromatosis or Hemosiderosis (Excessive Iron) ☐ Yes or ☐ No **Do you have a Sulfur Allergy** ☐ Yes or ☐ No

STATEMENT: By signing this form and on behalf of myself, my heirs, executors, administrators and assignees, I agree to hereby release, forever discharge and hold harmless the entity doing business as Vaxonsite, LLC and the respective owners, officers, directors, employees, agents, representatives, governing bodies, advising committees, and subcontractors of the entity doing business as Vaxonsite, LLC as well as the company and/or companies sponsoring this event and their agents, representatives, employees, successors, and assignees from any and all liability, claims, demands, actions, causes of action, injury or damage which may result from receiving a B-12 or B12 MIC shot administered by the entity doing business as Vaxonsite, LLC. I understand that Vaxonsite, LLC makes no claim or guarantee that I will experience any benefit from B-12 or B-12 MIC. Vaxonsite, LLC does not guarantee results. I understand that individual results will vary. I have been made aware that Vaxonsite, LLC will not submit claims to Medicare or any private insurance company. Therefore, I understand that Vaxonsite, LLC will not bill my health insurance for this procedure. I acknowledge that I have read the purpose of B-12 & B-12 MIC metabolically, what B-12 & B-12 MIC is medically indicated for and any contraindications, side effects or risk(s) associated with receiving B-12 or B-12 MIC. I have also had the opportunity to ask any questions about Vitamin B-12 & B-12 MIC shots. I have read this form and understand and comprehend its contents. After reading and understanding the benefits and risks of ingesting B-12 & B-12 MIC and the contents of this form in its entirety, I consent to receive a B-12 or B-12 MIC shot or B-12 & B-12 MIC shots from the entity doing business as Vaxonsite, LLC now and in the future. I also understand that if I am a female and become pregnant or start breastfeeding in the future, it is my responsibility to make Vaxonsite, LLC aware of the change in status. I further realize that I cannot receive any B-12 shots if I am pregnant or breastfeeding. I understand that the confidentiality of this information will be maintained within legal limits. I understand that this injection is completely voluntary and not being performed for any underlying medical condition. I also understand that there have been no adverse changes to my health since my original signature date on this Consent & Release Form.

 Signature: _____ Date: _____

	<u>Vaccine Name</u>	<u>Lot #</u>	<u>Expiration</u>	<u>Injection Site</u>	<u>Initials</u>	<u>Date</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Nurse or Physicians Signature _____