

Irie Natural Center for Health

Dr. Sonya Johnson, NMD

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Tempe, AZ 85283

(480) 341-9400

Consent for B12 Injection, Consent for MICB12 Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

(home): _____ (cell): _____

Email _____

Address: _____

_____ Date _____ of _____

Birth: _____ Gender: M / F

Emergency

Contact: _____ Phone: _____ Relationship: _____

Health History Ongoing Medical

Issues: _____

_____ Current Prescription Medications (Include Name of Medication and Dosage):

_____ Drug Allergies (Include Name of Drug and Allergic Reaction):

_____ Weight Today: _____ Desired Weight: _____

- I UNDERSTAND THE RECOMMENDED DOSE FOR B12 IS 12mL INTRAMUSCULAR WEEKLY. (A DOSE OF 1mL MAY BE GIVEN AT THE BEGINNING OF THE WEEK AND A SECOND DOSE OF 1mL AT THE END OF THE WEEK)
- I UNDERSTAND THE RECOMMENDED DOSE FOR MICB12B Complex IS 14mL INTRAMUSCULAR WEEKLY.
- POSSIBLE SIDE EFFECTS CAN INCLUDE IRRITATION AT THE SITE, INFECTION,

BRUISING, AND TENDERNESS AT THE INJECTION SITE.

- I CERTIFY THAT I DO NOT HAVE AN ALLERGY TO SULFA.
- I CERTIFY THAT I DO NOT HAVE A LIVER OR KIDNEY IMPAIRMENT THAT I AM AWARE OF.

Informed Consent For Treatment I hereby request and consent to receive medical care by Sonya Johnson, NMD or other medical associates (medical assistants, nurses) who now or in the future may treat me while working at or associated with or serving as backup for the above named doctor, whether signatories to this form or not. By signing this form, I am hereby giving consent for B12/Mic Injections. In the event an adverse reaction may occur from receiving a B12/Mic Injections, the signature below releases any liability and damages, should this occur, to Sonya Johnson, NMD, and treating staff. I have read, or have had read to me, the above information and I consent. I have also had an opportunity to ask questions about the consent's content, and by voluntarily signing below I agree to the above named procedures.

Patient's Name

(PRINT)_____

Patient's

Signature_____Date_
