

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

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First	Middle	Las	t		
ress:					
Street		City		State	Zip Code
ail:		Date	of Birth:/	_/ M	ale or Female
you currently pregnant of	r breast feeding 🔲 Y	/es or □ No Do yo	ou have Leber's disea	se (an inherited eye	disorder) □Yes or
you have Hemochromato	sis or Hemosiderosis	(Excessive Iron)	☐ Yes or ☐ No L	Do you have a Sulfa	Allergy ☐ Yes or [
sentatives, governing bod or companies sponsoring t ands, actions, causes of ac ess as Vaxonsite, LLC. I un nsite, LLC does not guaran s to Medicare or any priva	this event and their age ction, injury or damage derstand that Vaxonsit tee results. I understan te insurance company.	ents, representatives, which may result fro e, LLC makes no claim d that individual resul	employees, successors om receiving a B-12 or or guarantee that I w ts will vary. I have bee	s, and assignees from r B12 MIC shot admi vill experience any be n made aware that V	n any and all liability, nistered by the entity nefit from B-12 or B-1 axonsite, LLC will not
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Nurse or Physicians Signature _____