

GoPrivateMD
Vitamin B12 Consent

Date: _____

I authorize the performance of the following procedure:

Vitamin B12 injection, 1ml intramuscular, 1000mcg/ml

To be performed by or under the direction of Dr. Tom Pascuzzi together with associates or assistants of his choice who may be employed by the physician.

I have asked the physician any questions regarding this procedure and the physician has answered any questions I asked to my satisfaction.

Print Name

Signature

Date of Birth