PiCMED

B-12

B-12 Consent Form

Patient Information and Consent

PLEASE PRINT CLEARLY

Last Name: *		First Name: *		Middle Initial: *	
Phone:		Email:			
Birth Date: *		Gender: *	❑ Male ❑ Female		

B-12 Injection Questionnaire

Do you have a cobalt allergy?	❑ Yes	❑ No
Are you pregnant?	❑ Yes	❑ No
Do you have a blood disorder?	❑ Yes	❑ No

I hereby certify that the foregoing history is true and complete to the best of my knowledge and have had an opportunity to ask questions that were answered to my satisfaction, and do wish to receive this procedure fully understanding the risks and the benefits. Risk and possible side affects could include soreness, fever, aching for one or two days. As with most drugs or vaccines, there is possibility of allergic reaction or more serious reactions, even death, could occur. I hereby consent to the administration of the vaccine.

Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, PicMed Wellness and their employees, owners and representatives, as well as the company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program.

Your personal information and results shall be held strictly confidential. I understand PicMed Wellness will not bill insurance; however, forms/receipts are available for reimbursement.

I may revoke this authorization at any time by providing my written revocation to PicMed Wellness or Walk in to sign a revoked. **Unless revoked, the consent will never expire.**

Signature:		Date:	

FOR CLINIC USE ONLY

Immunization Given	Mfg.	Lot#	Exp. Date	Injection Site	Administered By	Dose #1	Dose #2
B-12 shot				R / L Deltoid IM R / L Thigh Anterolateral			
				R / L Deltoid IM R / L Thigh Anterolateral			
				R / L Deltoid IM R / L Thigh Anterolateral			
I hereby authorize **Pic-Med** to charge my credit card account.				Signature:			
Card #:		Expiration Date:			CVC Code: (3 digits on back of card)		

Payment	
Cash	$_____
Check	$_____ #_____
Employer	$_____
Credit Card	$_____