



Stefanie McCain, MD

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Name:	Date of Birth:
Phone Number:	Street Address:
City:	Zip:
Emergency Contact:	Phone Number:

## **GENERAL VITAMIN/MINERAL/AMINO ACID INJECTABLES INFORMED CONSENT**

(Slim Shot, Super Slim Shot, Vitamin D3)

(Methionine/Inositol/Choline/Cyanocobalamin)

(Pyridoxine HCL, Methionine, Inositol, Choline Chloride, Thiamine HCL, Riboflavin (B2)

(Vitamin D3 50,000 IU/ml)

Injection common side effects include; but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of irritation/warmth at site of the injection, a feeling, or a sense, of being swollen over the entire body, headache and joint pain.
2. I understand that although rare, these injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking these injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of these injections and such side effects should be reported to a physician or walk in urgent care immediately for evaluation. Uncommon side effects include:
  - **Rapid heartbeat/chest pain/tightness**
  - **Difficulty breathing and swallowing/shortness of breath**
  - **Dizziness/confusion**
  - **Hives, skin rashes**
  - **Fever/chills**
  - **Abnormal bleeding**

I understand I should not take vitamin/mineral/amino acid injections if any of the following conditions apply to me:

1. Pregnant or breastfeeding
2. Individuals with kidney or liver disease
3. People with a history of heart disease or high blood pressure
4. Individuals with allergies or sensitivities to the ingredients: Some people may have allergies or sensitivities to the substances present in Super Slim shots, such as methionine, inositol, choline, or vitamin B12. If you have known allergies or sensitivities to any of these ingredients, it is best to avoid these shots.
5. Those on certain medications: Lipo Mino shots (Super Slim shot) can interact with certain medications, such as blood thinners or medications for diabetes or high blood pressure.

By signing below, I acknowledge that I have read this informed consent and agree to the injections, and that none of the listed possible contraindications mentioned above apply to me. I have been informed of the possible effects that the Injectables may have, the importance of discussing with my primary medical provider about possible contraindications prior to receiving injection(s) and the importance of notifying my doctor of such use. I give consent to perform this injection and ALL selected subsequent Injections. I hereby release the medical providers, the person injecting the Injection and the facility from all liability associated with this procedure.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_