

INFORMED CONSENT FOR IM INJECTIONS

The purpose of this informed consent form is for EXCELSIOR MEDICAL SERVICES PC to give you written information regarding the risks, benefits, and alternatives of Intramuscular Injection (IM Injection). This material serves as a supplement to the discussion you have with your EXCELSIOR MEDICAL SERVICES PC provider about the treatment. It is important that you fully understand this information, so please read this document thoroughly and ask your EXCELSIOR MEDICAL SERVICES PC provider any questions prior to signing the consent form.

Intramuscular (IM) injection Procedure: IM Injections involve the injection of a substance directly into a muscle. IM Injections are also a means to deliver vitamins, minerals, and nutrients to the body while avoiding the digestive process. These substances are administered in small amounts (1-3cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. IM injections are generally injected into one of two locations: 1) deltoid muscle (shoulder); or 2) gluteal muscle (upper outer buttock).

Potential Benefits of IM Injection depend on the substance(s) being injected and include:

- Nutrients injected into the muscle are not affected by stomach or intestinal absorption disturbances and therefore are better absorbed by the body. This can be especially helpful for individuals with conditions such as decreased intestinal absorption of nutrients, achlorhydria, long-term PPI use, and pernicious anemia.
- Higher doses of vitamins, minerals and other substances can be given than is possible by oral consumption and without intestinal irritation that can accompany doses given by mouth.

Potential Side Effects and Risks of IM injections include but are not limited to:

- Discomfort such as pain, redness, bruising, swelling, burning, stinging, bleeding and/or scar formation at the site of the injection.
- Infection is always a potential risk when the skin is punctured even when sterile procedures are used.
- Injury to nerve and/or muscle at the site of the injection.
- Sensitivities or allergic reactions to the injection solution.
- Mild metabolic disturbances such as diarrhea, upset stomach, nausea, increased urination, itching, headache, joint pain, racing heart, dizziness, or a feeling of light-headedness after injections depending on the substance(s) in the injection.

Potential Alternatives to IM Injections include but are not limited to: No treatment; Oral supplementation of nutrients; Transdermal application such as B12 patches, and Dietary and lifestyle changes.

Contraindications depending on IM Injection type, may include but are not limited to: Liver and/or kidney dysfunction; heart disease; G6PD Deficiency; Pregnancy and breastfeeding. **Please tell your EXCELSIOR MEDICAL SERVICES PC provider immediately if you are pregnant or are breastfeeding.**

By signing this form, you acknowledge that you understand and agree to the following:

I am aware that unforeseeable complications could occur, and I do not expect the EXCELSIOR MEDICAL SERVICES PC providers to anticipate all possible risks and complications.

Blood Testing in Case of Needle Stick: In the event a EXCELSIOR MEDICAL SERVICES PC provider sustains exposure to my blood or body fluids, I give permission for my blood to be tested for infectious diseases such as HIV and Hepatitis. I understand that the exposed provider will be informed of the results of the test. I understand that I will not be billed for any lab fees incurred should this occur.

No Guarantees: I understand and acknowledge that there is no guarantee of any results. There is no guarantee that IM Injection will improve, reduce, or eliminate any medical symptoms or conditions.

I understand that the nature and purpose of IM Injection may be considered unproven, experimental, medically unnecessary and not the standard of medical care by many physicians. Additionally, I understand and acknowledge that the United States Food and Drug Administration (FDA) has not evaluated or approved IM Injection materials to diagnose, treat, cure, or prevent any disease.

Complete Medical Information: I understand that IM Injection may be contraindicated if I have certain medical conditions, allergies and/or take certain medications. I have and will truthfully and accurately disclose to the EXCELSIOR MEDICAL SERVICES PC providers all medical information including but not limited to: all of my health conditions, my use of all medications, herbs, vitamins, and other supplements both prescription and over-the-counter; and all known allergies to drugs, anesthetics or other substances. I understand that failure to do so may negatively affect the safety of the IM Injection and there shall be no liability on the part of the EXCELSIOR MEDICAL SERVICES PC, or the EXCELSIOR MEDICAL SERVICES PC associated medical providers if I fail to do so.

CERTIFICATION OF CONSENT TO PROCEED WITH TREATMENT: By signing this Informed Consent to Intramuscular Injection, I confirm and agree that: I have read this entire Informed Consent document, or someone has read it to me, and I understand and agree to the information herein. The nature of the therapy, and the potential risks, benefits and alternatives have been explained to me, and I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I hereby freely and voluntarily accept all risks associated with IM Injection and elect and consent to proceed with treatment with the licensed providers of EXCELSIOR MEDICAL SERVICES PC.

Signature of Patient/Legal Representative

Date

Patient Name (print)

Representative Name/Relationship to Patient