



Informed Consent for B Vitamin and Lipotropic Injection Therapy

This document is intended to serve as confirmation of informed consent for injection therapy at Sei Tu Bella Aesthetics

I have informed Sei Tu Bella Aesthetics of any known allergies to drugs or other substances, or of any past reactions to injections. I have informed the providers of all my medical conditions and current medications. I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

I understand that:

- 1 The procedure involves inserting a needle into various areas of the body and injecting of vitamins and other homeopathic remedies.
- 2 Risks of injection therapies include but are not limited to:
- 3 Occasionally to commonly
 - Discomfort, severe pain, bruising, inflammation, injury and numbness at the site of injection.
 - Fatigue, dizziness, or light-head feeling after the injections.
 - Fainting or loss of consciousness during the procedure.
- 1 Extremely rare:
 - Severe allergic reaction, anaphylaxis, infection.

I understand that some of the treatment injection may include of a combination of the following, MICC, B12, LIPO-MINO-MIX, TRI-IMMUNE

I am aware that other unforeseeable complications could occur. I do not expect Sei Tu Bella Aesthetics to anticipate and or explain all risk and possible complications. I rely on the technician to exercise judgement during the course of treatment with regard to any procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance.

When purchasing Vitamin B or Lipotropic Injections from Sei Tu Bella Aesthetics, you agree to the following:

- I have given my consent to injection therapy with any different or further procedures which, Sei Tu Bella Aesthetics, may be indicated.

- I understand the information provided on this form and agree to the foregoing.
- The procedure(s) set forth above has been adequately explained to me
- I have received all the information and explanation I desire concerning the procedure.
- I authorize and consent to the performance of the procedure(s).have been provided a copy of Notice of Privacy Practices at Sei Tu Bella Aesthetics

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize Sei Tu Bella Aesthetics , LLC, and it's affiliates to perform the procedure listed on me. I certify that I have read this entire informed consent and I understand and agree to the information provided in the form. My questions regarding the procedure have been answered satisfactorily. I hereby release Heather Anderson, APRN, Medical Director Dr. Fernando Jara, Sei Tu Bella Aesthetics LLC from all liabilities associated with this procedure. This consent is valid for all of my treatments in the future as well.