

VITB12SHOT

ENERGY, HEALTH, VITALITY

VITB12 INJECTION CONSENT FORM

PLEASE FILL IN ALL DETAILS

Your information has been requested to record your treatments - this includes personal and medical information for our consultation. I share this with our trained prescribing Doctor so that he can prescribe your treatment.

I store any information securely on database and any paperwork is also securely kept in one place.

I will not share any sensitive or personal information with any other party.
I will only store your information for as long as is necessary and you have a right to view this information or withdraw consent at any time.

Policies will be reviewed yearly.

Please confirm that you consent to receive treatment of 1ml hydroxocobalamin and give consent to my holding and sharing your information as stated above.

NAME		ADRESS	
DATE	/ /		
TELEPHONE			
EMAIL			
SIGNED		PRINT NAME	



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Repeat Prescription

I have no medical changes since my last injection.

Signed.....

Date

