Total Wellness
Healthcare Clinic

CONSENT FOR IV INFUSIONS AND WEIGHT LOSS INJECTIONS

I authorize providers at T&T Medspa to assist me in my health and wellness goals including but not limited to prescription or administration of medications (PO/SC/IM/IV).

I understand that the providers may use generic versions of FDA approved medications.

Potential Risks:

• Allergic reactions to prescribed medications and supplements

• Side effects of medication

• Inconvenience of lifestyle changes

I understand that some medications may cause some side effects in certain sensitive individuals, may interact with certain prescription medications, lab tests or cause symptoms due to certain existing disease conditions. I do not expect my medical provider to be able to anticipate and explain all risks and potential complications. I wish to rely on the judgement of the medical providers in recommending programs that they feel are in my best interest, based on the available knowledge.

I have had the opportunity to ask questions and discuss with the medical staff to my satisfaction:

• The nature, purpose, and potential benefits of the proposed medical weight loss program(s)

• The potential risks associated with the medical weight loss program(s)

• The probability of those risks occurring

• The likelihood of success

• The possible consequences if advice is not followed and/or no weight loss programs

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INJECTION/INFUSION CONSENT

I understand that my provider may prescribe a Vitamin Shot and/or Fat Burning Shot/intravenous products that must be given by intramuscular (IM) injection. IM injections use a needle and syringe to deliver medication to muscles within my body. Injections are usually given in large muscles areas such as buttock, thigh, hip, or upper arm. My providers may also recommend intravenous infusion. Treatments are typically well tolerated with no serious adverse reactions.

Potential Side Effects:

• Injection Site Reaction - Temporary redness, pain or tenderness, and irritation of the skin surrounding the injection site

• Bruising - This response is temporary and may occur at the site of the injection

• Infection - Very rare complication but possible anytime an injection through the skin is performed

I have fully read and understand this consent form, and I realize that I should not sign this form if I have any questions concerning these injections. I understand the potential side effects, benefits and give my consent to receive these injections or infusions.

FEMALE PATIENTS ONLY: I certify that I am not pregnant at this time but if I do become pregnant, I will stop the weight loss program immediately along with any weight loss medication and notify this office immediately.

Last Name Gbolie First Name Hafsatu

Signature* H G
Date* 1/24/24