

Injection Therapy Informed Consent

This document is intended to serve as confirmation of informed consent for injection therapies such as lipovite injections, B12 injections, Semaglutide, Tirzepatide and Glutamine injections by the staff at About Face Medspa & Wellness.

(Initials) _____ I have informed the staff of any known allergies to drugs or other substances, or of any past reactions to anesthetics. I have informed the staff of all current medications and supplements.

I understand that:

1. The procedure involves inserting a needle into various areas of the body.
2. Risks of injection therapies include but are not limited to:
 1. Occasionally to commonly:
 - i. Discomfort, severe pain, bruising, inflammation, injury and numbness at the site of injection.
 - ii. Fatigue, dizziness, or light-head feeling after the injections.
 - iii. Fainting or loss of consciousness during the procedure.
 2. Extremely Rarely:

Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.

Acknowledgement: _____

Date: _____