



## **B-12/LIPO-B CONSENT FORM**

I, \_\_\_\_\_, am requesting a shot of B-12/Lipo-B.

**I understand that the office of Dr. George Kamajian and his staff are administering this medication only at my request. I understand it is being given to me as a nutritional supplement and not for any disease state or cure. I understand that I am not being evaluated as to my blood levels of B vitamins or efficiency of these shots on my health.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_