

# Vitamin Injection Consent

## Vitamin Injection Consent

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### (Telehealth or Brick-and-Mortar)

Date:

### Patient Information

- **Patient Name:** {{patient\_first\_name}} {{patient\_last\_name}}
- **Date of Birth:** {{patient\_birthdate}}

### Allergy Information

**Important:** Any member with an allergy to sulfa or red dye cannot receive this shot, and should look for another option. Also included in a Buck Shot are:

Anyone with an allergy to red dye cannot receive this shot.

### Post-Injection Monitoring

It is recommended that you wait 20-30 minutes after your first injection to notice any potential side effects. Side effects, if any, might include:

### Patient Authorization

I authorize my Provider to assist me in my wellness efforts. I understand it is my responsibility to follow all instructions carefully and report any significant medical problems that may be related to treatment (injection) as soon as reasonably possible.

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## Medical Services Provided by Primary Medical of KY, P.S.C., Elite



## Health Services, P.A., CO., Primary Medical of IN, P.C. 2025.04.21

### Form Complete

X

X

Signed By ENNU Patient Docs

Signed On: January 27, 2026



# Signature Certificate

Document name: Vitamin Injection Consent

🔒 Unique Document ID: 76D1BB0D16D75735CAF57506099AA3105C60E507

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

December 13, 2025 1:56 pm  
EDT

## Audit

Vitamin Injection Consent Uploaded by ENNU Patient  
Docs - admin@ennulife.com IP 24.238.5.27



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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