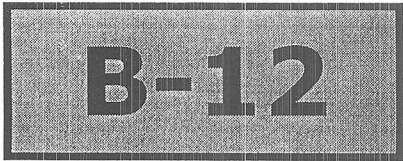


Neighborhood Medical Center
 5917 Beltline Road
 Dallas, TX 75254
 972-726-6464 ph
 972-726-6444 fx
www.neighborhoodmedicalcenter.com



B-12 Consent Form

Patient Information and Consent

PLEASE PRINT CLEARLY

Last Name:*	First Name:*	Middle Initial:*
Employer:		
Birth Date:*	Sex:*	<input type="checkbox"/> Male <input type="checkbox"/> Female

B-12 Injection Questionnaire

Are you taking any medications? Yes No

Are you pregnant? Yes No

Have you ever been treated for or had any known indications of or history of the following:

Cobalt Allergy Yes No

Blood disorder? Yes No

Disorder of the heart or blood vessels? Yes No

Nervous or mental disorder Yes No

Recent chest pain or heart attack? Yes No

Convulsions? Yes No

Epilepsy? Yes No

I hereby certify that the foregoing history is true and complete to the best of my knowledge and have had an opportunity to ask questions that were answered to my satisfaction, and do wish to receive this procedure fully understanding the risks and the benefits. Risk and possible side affects could include soreness, fever, aching for one or two days. As with most drugs or vaccines, there is possibility of allergic reaction or more serious reactions, even death, could occur. I hereby consent to the administration of the vaccine.

Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, Neighborhood Medical Center and their employees, owners and representatives as well as the company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program.

I may revoke this authorization at any time by providing my written revocation to NMC or Walk in to sign a revoked. **Unless revoked, the consent will never expire.**

Signature:	Date:
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Immunization Given	Mfg.	Lot#	Exp. Date	Injection Site	Administered By
				R/L Deltoid IM	
I hereby authorize NMC to charge my credit card account.				Signature:	
Card #:		Exp.Date:		CVC Code:	

Payment	
Cash:	\$ _____
Chk:	\$ _____
	# _____
Employer:	\$ _____