Disclosure

I understand that complications may result from a B-12 treatment/procedure. Among the possible complications are areas of anesthia, fainting, weakness, nausea, hematoma, infection, discomfort, or bruising. I, the patient, further understand and agree to hold harmless, indemnify and protect against court action to the acupuncturist/therapist as well as the owners of this facility/clinic, in the event of accidental injury on these premises.

This office complies with all rules and regulations promulgated by the

Colorado Department of Health. Each procedure will be administers by a licensed, board certified acupuncturist whom only uses disposable, single use needles only.

By signing below I fully understand and agree to the terms in this disclosure statement.

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(Signature) (Printed name)

(Address)

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(Phone #) (Email)

