Vitamin B12 (Cyanocobalamin) Consent 469-983-8610

Cyanocobalamin (B12)

Vitamin B12 Deficiency is due to malabsorption with the following conditions:

-Addisonian (pernicious) anemia
-Gluten enteropathy or sprue,
-Fish tapeworm infestation
-Folic acid deficiency
-Gastrointestinal pathology, dysfunction, or surgery,
-Small bowel bacteria overgrowth, total or partial gastrectomy
-Malignancy of pancreas or bowel

SUPPLEMENT:

Cyanocobalamin Injection, is a sterile solution of Cyanocobalamin or Hydroxocobalamin for intramuscular injection. Each mL contains 1000 mcg of B12. Each vial also contains Sodium Chloride, 0.9%. Benzyl Alcohol, 1.5%,a preservative. Sodium hydroxide and/or hydrochloric acid may have been added during manufacture to adjust the pH (range 4.5-7.0).

Risks and Possible Side Effects

Generalized: **Anaphylactic shock and death have been reported with administration of parenteral vitamin B12**
Cardiovascular: **Pulmonary edema and congestive heart failure early in treatment; peripheral vascular thrombosis**
Hematological: **Polycythemia vera**
Gastrointestinal: **Mild transient diarrhea**
Dermatological: **Itching; transitory exanthema**
Miscellaneous: **Feeling of swelling of entire body**

Contraindication

Usage is generally not recommended for the following people:

1. Sensitivity to cobalt and/or vitamin B12
2. Patients with Leber's disease
3. Hypokalemia
4. Sensitivity to aluminum or benzyl alcohol
5. Impaired kidney or liver function
6. Any infection

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

If you experience any significant reactions, see your physician. If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine. (B12 is not normally covered by insurance.)

Information-Person to Receive Vitamin

Name:_____ Date of Birth:_____ Age:_____

Street Address:_____ City:_____ State:_____ Zip:_____

Signature _____Daytime Phone #:_____

NOTE: There will be a $25.00 service charge for all returned checks

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For Clinic Use Only below this point:

Vitamin Administered	Lot #	Exp MM/YY	Amount/Site	Injection Site
Cyanocobalamin (Age 18+)	305454	5/31/27	**1.0 ml >18y IM**	**Left Right**

Nurse Signature: RN Date: PAYMENT: (CIRCLE) CASH ZELLE OTHER