

General IM Vitamin Injections Pre- and Post-Injection Instructions Form

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Patient Name: _____

Date: _____

Type of Injection(s): _____

Pre-Injection Instructions

To ensure the safety and effectiveness of your injection, please follow these guidelines:

1. **Medical History:** Inform your provider of any medical conditions, allergies, or medications you are currently taking, including over-the-counter supplements.
 2. **Hydration:** Drink plenty of water to aid in the absorption of vitamins and nutrients.
 3. **Food Intake:** Eat a light meal or snack prior to your appointment to reduce the risk of dizziness or nausea.
 4. **Alcohol:** Avoid alcohol for 24 hours before your appointment, as it may interfere with absorption.
 5. **Pregnancy/Breastfeeding:** Notify your provider if you are pregnant, breastfeeding, or planning to become pregnant.
 6. **Illness:** Reschedule your appointment if you have a fever, infection, or are feeling unwell.
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Post-Injection Instructions

After your injection, follow these recommendations:

1. **Injection Site Care:**
 - Keep the injection site clean and dry for 12-24 hours.
 - Avoid rubbing, pressing, or scratching the area to prevent irritation.
 - Some redness, swelling, or mild discomfort at the site is normal and should subside within 24-48 hours.
2. **Hydration:** Continue to drink plenty of water to help your body process and distribute the vitamins.
3. **Activity:** Avoid strenuous exercise or physical activity for the first 24 hours.
4. **Monitoring:**

- Watch for signs of an allergic reaction, such as itching, swelling, or difficulty breathing. Seek medical attention immediately if these occur.
 - If you experience any unusual side effects, contact the clinic.
5. **Alcohol:** Refrain from consuming alcohol for 24 hours after the injection to ensure optimal absorption and effectiveness.
 6. **Follow-Up:** Schedule your next appointment as recommended by your provider to maintain consistent vitamin levels.
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Recommended Frequency

- **Vitamin B Complex, B12, Biotin, LIPO, MIC, and Tri-Immune Injections:** Weekly or as recommended.
 - **Vitamin D3:** Monthly or as directed by your provider.
 - **Vitamin C, Glutathione, and Chromium:** As needed based on specific health goals or deficiencies.
 - **NAD+ and Amino Acid Injections:** Weekly or bi-weekly for energy support.
 - **Semaglutide and Trizepatide:** Frequency determined by weight management protocols (usually weekly).
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Acknowledgment

I acknowledge that I have received, read, and understood the pre- and post-injection instructions. I agree to follow these guidelines and contact the clinic if I have any questions or concerns.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____