



Experior Weight Loss Clinic
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LIPOTROPIC INJECTION CONSENT FORM

LIPOTROPIC INJECTIONS

Lipotropic nutrients are a class of natural ingredients that play important roles in the body's use of fat. These compounds enhance liver and gallbladder's role by decreasing fat deposits and speeding up metabolism of fat and its removal. Our formula of Lipotropics has been formulated and perfected by our panel of doctors. The main amino acids used to make these shots are Methione, Inositol, Choline and B12.

- * **Methionine:** An amino acid that will prevent excess fat buildup in the liver – preventing fatigue.
- * **Inositol:** A nutrient that aids in metabolism of fats and helps reduce blood cholesterol.
- * **Choline:** B-vitamin nutrient that facilitates the movement of fats into the cells. It is essential for the health of the liver and kidneys.
- * **B-12:** An essential vitamin in helping to form new, healthy cells in the body. It also boosts energy, helping to increase activity levels, which is often a concern for many patients. Additionally, B-12 can provide improved sleep, relief from allergies and stress, and can combat moodiness, as it is an essential vitamin for the nervous system. Using it as a supplement with our weight loss system will enhance your weight loss results.

Side Effects:

Common reactions to injection include: pain, stinging, burning at injection site during or shortly after receiving, bruising, soreness, several days after administrations. Seek medical attention right away if any of the following severe side effects occur: severe allergic reactions (rash, gives, itching, tightness in mouth, face, throat, lips or tongue and difficulty breathing). If it is after hours of your allergic reactions are severe, please go to the emergency room for evaluation and treatment.

Please Read and Sign Below:

Prior to injections being administered, I have thoroughly read the above information and fully understand the above information about Lipotropic Injections. I have had ample opportunity to read this information and have had any and all questions to be satisfactorily answered. I further acknowledge that I am taking this injection of my own accord I acknowledge, that I have carefully read the "side effects" and fully understand the instructions should an allergic reaction occur.

I have read and understand all and have agreed to these statements.

Patient Signature: _____

Date: _____