DESERT MEDICAL REJUVENATION
REGAIN YOUR YOUTHFUL APPEARANCE

ART QUINTANILLA MD
BOARD CERTIFIED PHYSICIAN

INFORMED CONSENT FOR VITAMIN B12

I authorize Desert Medical Rejuvenation to administer:

- ☐ Vitamin B12
- ☐ Vitamin B12 Complex

MEDICATIONS

Are you allergic to any medications?

- ☐ Yes (please list): _____
- ☐ No

Please list all medications you are currently taking:

- ☐ Prescriptions: _____
- ☐ Over the counter: _____

AGREEMENT

Patient Name_____

Patient Signature_____ Date_____

Witness Name_____

Witness Signature_____ Date_____

Translator Name_____

Translator Signature_____ Date_____

DESERT MEDICAL REJUVENATION 35900 BOB HOPE DRIVE SUITE 130 RANCHO MIRAGE, CA 92270 (760)832-7279 F: (760) 832-7505