



# GLUTATHIONE BEAUTY SHOT CONSENT FORM

## General Information

The Glutathione Beauty Shot is an antioxidant treatment that supports cellular health, detoxification, and skin radiance. Known as the “master antioxidant,” glutathione neutralizes free radicals, enhances immune function, and promotes a clearer, more youthful complexion. It also plays a critical role in detoxification processes, helping the liver eliminate harmful toxins and heavy metals from the body.

## How It Works

Glutathione works by:

- **Neutralizing oxidative damage:** It combats free radicals, protecting cells from aging and stress-related damage.
- **Enhancing detoxification:** It supports liver function, promoting the elimination of toxins and heavy metals.
- **Boosting immune function:** It improves immune system efficiency, reducing susceptibility to infections.
- **Promoting skin clarity:** It lightens pigmentation and promotes an even, glowing skin tone.

## Indications

This injection may be recommended for:

- Individuals seeking anti-aging benefits and improved skin clarity.
- Those looking to enhance detoxification and overall wellness.
- Patients dealing with chronic inflammation or oxidative stress.
- Individuals interested in immune support and improved energy levels.

## Side Effects

Common side effects may include:

- Mild discomfort, redness, or swelling at the injection site.
- Headache, dizziness, or gastrointestinal disturbances like nausea.
- Temporary lightheadedness or fatigue.

Rare, but severe side effects include:

- Allergic reactions (e.g., hives, swelling, difficulty breathing).
- Changes in mood or mild gastrointestinal discomfort.

## Contraindications

This injection should **not** be administered to individuals who:

- Have a known allergy to glutathione or its components.
- Have asthma, as it may worsen respiratory symptoms.
- Are pregnant or breastfeeding without consulting their healthcare provider.

## Interactions

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Glutathione may interact with:

- Certain chemotherapy agents, affecting their efficacy.
- Alcohol and smoking, which may diminish the benefits of the treatment.

Inform your healthcare provider of any medications, supplements, or lifestyle factors that may influence the effectiveness of the injection.

## CONSENT ACKNOWLEDGMENT

By signing below, I confirm that I have read and understand the information provided regarding the **Glutathione Beauty Shot**. I acknowledge the potential risks, side effects, and benefits of this treatment. I consent to proceed, understanding that results may vary and that no outcome is guaranteed.

- **If I experience any unexpected problems or adverse reactions, I will contact Honey Skincare Studio immediately at (703) 589-9665.**

**Liability Release:** By signing below, I acknowledge that I have read and agree to the foregoing informed consent. I consent to this and all future Glutathione injections under these terms. I release the provider, administering staff, and facility from liability associated with this procedure.

PRINTED NAME:

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SIGNATURE:

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DATE:

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