



# TRI-IMMUNITY SHOT CONSENT FORM

## General Information

The Tri-Immunity Shot is an immune-boosting injection that combines a triple-defense formula of Vitamin C, Zinc, and Glutathione. This powerful blend enhances the body's natural immune response, supports cellular function, and protects against oxidative stress. It is particularly effective during cold and flu season or as a general wellness booster for maintaining a strong and resilient immune system.

## How It Works

This shot contains:

- **Vitamin C:** An antioxidant that stimulates white blood cell production, enhancing immune response.
- **Zinc:** A vital mineral that supports immune system function, reduces inflammation, and shortens the duration of illnesses.
- **Glutathione:** A potent antioxidant that protects cells from oxidative damage and supports overall immune health.

## Indications

This injection may be recommended for:

- Individuals looking to strengthen their immune system during peak cold and flu seasons.
- Those seeking additional wellness support to prevent illnesses and infections.
- Patients recovering from illnesses to enhance recovery and overall immune response.

## Side Effects

Common side effects may include:

- Mild pain, redness, or swelling at the injection site.
- Temporary dizziness or lightheadedness.
- Upset stomach or mild headache.

Rare, but more severe side effects could include:

- Allergic reactions (e.g., hives, itching, swelling, difficulty breathing).
- Gastrointestinal issues or fatigue.

## Contraindications

This injection should not be administered to individuals who:

- Have a known allergy to any of the components (Vitamin C, Zinc, or Glutathione).
- Are pregnant or breastfeeding without consulting their healthcare provider.
- Have severe autoimmune conditions or immune disorders unless advised by a healthcare professional.

## Interactions

---

The Tri-Immunity Shot may interact with:

- Immunosuppressive medications, which may alter the effectiveness of the treatment.
- High doses of other supplements containing Vitamin C or Zinc.

Always inform your healthcare provider about any medications or supplements you are taking.

## CONSENT ACKNOWLEDGMENT

By signing below, I confirm that I have read and understand the information provided regarding the **Tri-Immunity Shot**. I acknowledge the potential risks, side effects, and benefits of this treatment. I consent to proceed, understanding that results may vary and 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 Tri-Immunity injections under these terms. I release the provider, administering staff, and facility from liability associated with this procedure.

PRINTED NAME:

---

SIGNATURE:

---

DATE:

---