Sparkle Health Aesthetics & Wellness

Subcutaneous Self-Injection: Risk Disclosure & Informed Consent

Patient legal name

Date of birth

This form concerns subcutaneous medications that a licensed clinician has specifically prescribed for you and authorized you to administer yourself. It supplements, but does not replace, individualized medical evaluation, medication counseling, and any medication-specific consent.

1 | Treatment and medication information

Medication name / formulation (provider to confirm):

Prescribed dose, route and frequency (provider to confirm):

2 | Risks and limitations

Potential injection-related risks include pain, bruising, bleeding, swelling, redness, infection, scarring, needle-stick injury, allergic reactions, and rare serious reactions. Incorrect technique or use of contaminated supplies can cause harm.

Medication-related risks vary by drug and may include nausea, vomiting, diarrhea, constipation, dehydration, dizziness, low blood sugar, drug interactions, and serious complications. My clinician will explain risks specific to my medication, history, and other treatments.

Self-administration creates risks of incorrect dose, timing, route, medication selection, mixing, storage, or use of an expired or compromised product. No treatment outcome, amount of weight loss, or freedom from adverse effects is guaranteed.

Telehealth or digital communication may limit the clinician's ability to perform a hands-on examination or directly observe an injection. Technology failures, delays, and communication limitations may require an in-person visit or emergency evaluation.

3 | Patient commitments

• I will use only medication prescribed to me, exactly as directed. I will not change my dose, share medication, reuse needles, or use another person's supplies. I will verify the medication label, concentration, dose, expiration, and instructions before every injection.

• I will obtain training and demonstrate or explain proper hand hygiene, injection-site selection and rotation, safe technique, storage, handling, and sharps disposal before independent injection. I will ask questions whenever instructions are unclear.

• I will disclose allergies, relevant medical conditions, pregnancy or pregnancy plans when applicable, other prescriptions, over-the-counter drugs, supplements, and prior medication reactions. I will promptly report changes in my health.

• I will follow recommended follow-up visits, monitoring, laboratory testing when ordered, and refill instructions. I understand that treatment may be paused or stopped if safe monitoring is not possible.

• I will place used needles and syringes promptly in an appropriate sharps container and follow local disposal rules. I will not dispose of loose needles in household trash or recycling.

• I will contact the prescribing clinician promptly for concerning side effects, suspected dosing mistakes, or questions about whether to take another dose. I will not rely on website messaging for urgent care.

4 | Emergencies and urgent symptoms

For difficulty breathing, throat or facial swelling, fainting, severe allergic symptoms, or another medical emergency, call 911 or seek emergency care immediately. Severe or persistent abdominal pain, repeated vomiting, signs of dehydration, or severe low blood sugar symptoms require prompt medical assessment. Do not wait for a portal message or routine callback.

5 | Digital platform and care limitations

I understand that any website, patient portal, video service, or messaging platform is a communication tool and not a substitute for clinical judgment, emergency services, or appropriate in-person assessment. Platform availability, delivery of messages, and response times are not guaranteed. I must follow the practice's instructions for urgent and routine communication.

6 | Acknowledgment and legal scope

I have had the opportunity to ask questions about self-administered subcutaneous injections, their material risks, alternatives, expected benefits, and the consequences of declining treatment. I understand that I may decline or withdraw consent and discuss alternative care.

I understand that I am responsible for following the individualized instructions I receive and for promptly reporting problems. Sparkle Health Aesthetics & Wellness, its clinicians, staff, and any independent digital health platform remain responsible for their own duties under applicable law.

To the extent permitted by applicable law, I acknowledge that harm resulting solely from my failure to follow clearly communicated, appropriate instructions may be considered when responsibility is evaluated. This document does not waive claims for professional negligence, malpractice, reckless or intentional misconduct, or other rights that cannot legally be waived. It is not an agreement to arbitrate disputes.

I understand that signing does not itself establish that I have been trained or that a specific medication is appropriate for me. A qualified clinician must make those determinations separately.

7 | Patient choices and attestations

- ☐ I have read and understand the risk disclosure and responsibilities above.
- ☐ I had an opportunity to ask questions and received satisfactory answers.
- ☐ I consent to self-administer the prescribed medication after required training.
- ☐ I do not consent to self-administration at this time.

Patient / legal representative typed signature

Date

If representative: name and authority

8 | Clinician documentation (complete before self-injection)

- ☐ Training / technique assessment completed
- ☐ Training pending

Clinician name / credentials

Date