

NAD+ Self-Injection Therapy – Florida Informed Consent & Waiver

I, _____, acknowledge and understand that Nicotinamide Adenine Dinucleotide (NAD+) is a naturally occurring coenzyme involved in cellular energy production and metabolic function. I understand that NAD+ is prescribed as a compounded medication for off-label use in adults and is not approved by the U.S. Food and Drug Administration (FDA) in the same manner as commercially manufactured drugs. I acknowledge that NAD+ self-injection therapy is voluntary, that individual results may vary, and that no representations, warranties, or guarantees have been made regarding outcomes. I understand that NAD+ is prescribed for subcutaneous or intramuscular self-administration at home and confirm that I have received instruction regarding proper dosing, injection technique, site rotation, storage, handling, and disposal of needles and supplies.

I understand that potential benefits of NAD+ therapy may include improvements in energy, focus, mental clarity, metabolism, recovery, and overall wellness; however, such benefits are not guaranteed. I acknowledge and accept the potential risks and side effects, which may include injection-site pain, redness, swelling, bruising, flushing, nausea, headache, dizziness, fatigue, anxiety, muscle cramping, or changes in blood pressure, and, in rare cases, allergic reactions requiring immediate medical attention. I understand that improper self-administration may increase the risk of adverse effects. I confirm that I have fully and truthfully disclosed all relevant medical history, current medications and supplements, allergies, and pregnancy or breastfeeding status, and understand that failure to do so may increase risk and limit provider responsibility.

I voluntarily consent to participate in NAD+ self-injection therapy and understand that I may discontinue treatment at any time. To the fullest extent permitted under Florida law, I agree to release, indemnify, and hold harmless Elite Drip, its affiliated medical providers, medical directors, employees, contractors, and agents from any and all claims, demands, damages, or liability arising from or related to my participation in NAD+ self-injection therapy, including any complications related to self-administration.

I have read this Consent, Waiver, Assumption of Risk and Release of Liability, fully understand its terms, understand that I am giving up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant Signature

Participant Printed Name

Date