



Consent and Authorization for
Intravenous Therapy Procedures

To: _____

Procedure: _____

Doctor performing procedure: _____

1. Vitamindrip Inc. provides facilities and _____ to aid in the performance of intravenous therapy. You have the right be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.

- a. The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by _____.
- b. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
- c. Risks of intravenous include but are not limited to:
 - i. Discomfort, bruising and pain at the site of injection
 - ii. Inflammation of the vein used for injection, phlebitis.
 - iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
- d. Benefits of intravenous therapy include:
 - i. Injectables are not affected by stomach or intestinal disease.
 - ii. Total amount of infusion is available to the issues.
 - iii. Nutrients are forced into cells by means of a high concentration gradient.
 - iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.

2. You have the right to consent to or refuse the proposal treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above with any different or further procedures which, in the opinion of _____ may be indicated.

3. The procedure will be performed by _____.

Your signature below means that:

- a. You understand the information provided on this form and agree to the foregoing.
- b. The procedure(s) set forth above have been adequately explained to you by _____.
- c. You have received all the information and explanation you desire concerning the procedure
- d. You authorize and consent to the performance of the procedure(s).

Date: _____ Time: _____

Signature: _____

(Patient)