



Consent and Authorization for
Intravenous, Intramuscular and/or Oxygen Therapy Procedures

1. Revive IV Bars, Inc. provides facilities to aid in the performance of intravenous (IV) therapy, intramuscular (IM) injections and Oxygen therapy. You have the right to be informed of the procedure, any feasible alternative options, and any risks/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. The Oxygen procedure involves oral or nasal Oxygen by a respiratory apparatus. All procedures described above are under the medical advisory of Dr. Paul Branch, M.D.
- b. Alternatives to IV and IM therapy include: oral supplementation, dietary and lifestyle changes.
- c. Risks of IV and IM therapy include but are not limited to:
 - i. Discomfort, discoloration, bruising and pain at the site(s) of injection.
 - ii. Inflammation of the vein used for injection know as phlebitis.
 - iii. Mild or severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - iv. Mild or severe infection to the injection site or systemic infection known as sepsis.
- d. Benefits of IV and IM therapy include:
 - i. IV and IM infusions are not affected by the stomach or intestinal diseases.
 - ii. Total amount of infusion is available to tissues, muscles and organs.
 - iii. Nutrients are forced into cells by means of a high concentration gradient.
 - iv. Higher doses of nutrients can be administered without intestinal irritation.

2. You have the right to consent to or refuse the proposed treatment(s) 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.

3. The procedure(s) will be performed by _____

Your signature below signifies that:

- a. I understand the information provided on this form and agree to the procedure(s).
- b. The procedure(s) set forth have been adequately explained to me by the above listed medical staff.
- c. I have received all the information desired concerning the procedure(s).
- d. I understand and acknowledge that payments for any procedure(s) are non-refundable.
- e. I understand individual results may vary.
- f. I authorize and consent to the performance of the procedure(s).

Therapy being performed (Check all that apply):

IV Therapy B12/D3 IM Injection Oxygen Therapy

Date: _____ Time: _____

Patient Name (Print): _____

Patient Signature: _____