



## IV Nutrition Consent Form

I, \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ , hereby authorize the following procedure: administration of intravenous vitamins, minerals, and other nutrients.

This procedure is recommended for replacement of these essential nutrients, correction of deficiencies, and for other therapeutic effects, such as improving immune function, improving antioxidant status, reducing oxidative damage, decreasing bronchospasm, improving fatigue, etc.

The principal side effects that may accompany intravenous administration of nutrients include:

- burning and stinging at the site of infusion or if IV infiltrates into surrounding tissue
- muscular spasms, weakness, or fatigue
- allergic reactions (rare)
- local thrombophlebitis (very rare).

This procedure may be considered medically unnecessary. It may or may not mitigate, alleviate, or cure the condition for which it has been prescribed. This therapy has been recommended to you in the belief that it is of potential benefit in these circumstances and its use will quite probably improve the condition for which you are under treatment and in your overall health.

Based on the risks and potential benefits of the current medically indicated treatment(s) and of this proposed treatment, I have elected to forego or supplement the indicated treatment(s) and receive this proposed treatment from the doctors and other health professionals at the Center for the Healing Arts, PC, as is appropriate and necessary for my care.

I understand that my treatment records and test results may be used as the basis for a published study and consent to such use of my treatment results. I further understand and agree to adhere to the treatment schedule and attend the follow-up visitations set by my medical provider to permit observation and study of my progress. I understand that I may suspend or terminate my treatment at anytime by informing my medical provider. I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may have concerning or resulting from the procedure, except as that claim pertains to negligent administration of this procedure. The risks involved and the possibilities of complications have been explained to me. I fully understand and confirm that the nature and purpose of the aforementioned treatment to be provided may be considered unproven by scientific testing and peer-reviewed publications and therefore may be considered medically unnecessary or not currently indicated.

