



## CONSENT & AUTHORIZATION FOR INTRAVENOUS THERAPY PROCEDURES

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of IV Drip formula:

\_\_\_\_\_ QUENCH: Vitamin C, B Complex, Magnesium, Zinc, Manganese, Copper, Selenium

\_\_\_\_\_ ENERGIZE: B Complex, Glutamine, Arginine, Ornithine, Lysine, Citrulline, Carnitine

\_\_\_\_\_ RECOVER: Vitamin C, B Complex, Glutamine, Arginine, Ornithine, Lysine, Citrulline, Carnitine, Magnesium, Zinc, Manganese, Copper, Selenium

\_\_\_\_\_ IMMUNITY: Vitamin C, B Complex, Zinc

\_\_\_\_\_ GLOW: Vitamin C, Olympia Vita Complex, Biotin

\_\_\_\_\_ ALLEVIATE: Calcium Chloride, Magnesium Chloride, Olympia Vita Complex, Hydroxocobalamin

- You have the right to 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.
  - The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by a Registered Nurse.
  - Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
  - Risks of intravenous include but are not limited to:
    - Discomfort, bruising, bleeding and pain at the site of injection
    - Inflammation of the vein used for injection (phlebitis)
    - Severe allergic reaction, anaphylaxis, cardiac arrest and death
    - Possibility of infection
- 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) describe above.
- The procedure will be performed by Amanda Meyer, R.N.

Your signature below means that:

- You understand the information provided on this form and agree to the foregoing.
- The procedure(s) set forth above have been adequately explained to you by Amanda Meyer, R.N.
- You have received all the information and explanation you desire concerning the procedure
- You authorize and consent to the performance of the procedure(s)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date