

IV THERAPY HYDRATION CONSENT

Name of patient: _____

IV vitamin hydration therapy is designed to counteract symptoms of dehydration, fatigue, and the residual effects of alcohol ingestion, vitamin, mineral and other nutritional deficiencies, metal toxicity and exposure to environmental toxins.

The procedure involves inserting a needle into you vein, placing a catheter, then withdrawing the needle and receiving an infusion of fluids combined with vitamins, minerals and/or amino acids directly into the blood stream. You may also receive and intramuscular injection of specific nutrients. The vast amount of patients receiving IV infusion therapy claim to feel an improvement in symptoms; however every individual is different and there is no guarantee that you will feel better after an infusion, nor does your improvement of symptoms exclude other coexisting potential medical conditions.

This document is designed to serve as confirmation of informed consent for IV therapy as suggested by the staff at de la Belle Wellness

____ I have informed the staff of any known allergies to drugs or other substances, or of any past allergic reactions. I have informed the staff of all current medications and substances that I am taking. I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits.

Alternatives to IV therapy include oral supplementation, and/or dietary and lifestyle modifications.

____ Risks of intravenous therapy may include the following:

1. Discomfort, bruising or pain at the injection site
2. Inflammation of the vein used for injection, phlebitis
3. Metabolic disturbances
4. Severe allergic reaction, anaphylaxis, cardiac arrest and death

____ Benefits of IV therapy:

1. IV ingredients are not affected by stomach or intestinal disease
2. 100% absorption of nutrients with total amount being available to tissue
3. Nutrients are forced into cells by means of high concentration gradient
4. Higher doses of nutrients can be given than possible with oral doses, without intestinal irritation

Your signature below means that: I understand the information provided on this form. I have received all of the information and explanation I desire concerning the procedure(s) including IV therapy and IM injections and consent to the performance of the procedure(s) including IV therapy and IM injections.

Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____