Consent and Authorization for Intravenous/Intramuscular Therapy Procedures

Patient Name:________________________________________________________________________

Procedure:___________________________________________________________________________

1. Desert Wellness Center provides facilities to assist your physician in the performance of intravenous and intramuscular therapies. You have the right to be informed of the procedure, any feasible alternatives 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 infusing the formula described above by your physician.
   b. Alternatives to intravenous/intramuscular therapies are oral supplementation and/or dietary and lifestyle changes.
   c. Risks of intravenous/intramuscular therapy include:
      i. Discomfort, bruising and pain at the site of injection.
      ii. Inflammation of the vein used for injection, recognized with swelling and pain above the insertion site of the catheter.
      iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
   d. Benefits of intravenous/intramuscular therapy include:
      i. Nutrients are not affected by stomach or intestinal disease.
      ii. Total amount of fluid and nutrients enters the circulation, therefore it is available to the tissues.
      iii. Higher doses of nutrients can be given by vein than by mouth without nausea, abdominal discomfort, or diarrhea.

2. You have the right to consent or to refuse any proposed 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 your physician may be indicated.

Your signature below means that:
   a. You understand the information provided on this form and agree to the procedure.
   b. The procedure(s) set forth above has been adequately explained to you by your physician.
   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).

SIGNATURE:__________________________________________        DATE:___________________

If signed by representative, indicate relationship:__________________________