



HEALTHY WAY HYDRATION DRIP

Informed Consent for Intravenous (IV) Therapy

This document is intended to serve as confirmation of informed consent for IV supplements, and/or Covid-19 home tests.

(Initials).....I have informed the nurse of any known allergies to mixed supplements or other substances that may be included in the ingredients of our solutions, or of any past reactions to IV fluid.

(Initials).....I have informed the nurse of all current medications and supplements.

I understand that I have the right to be informed during the procedure, and the risks and benefits.

The IV intravenous procedure involves inserting a needle into your vein and infusing over a determined period. The supplements are vitamins, minerals, and amino acids.

I understand that **risks** may occur which are discomfort, bruising, and pain at the site including phlebitis and injury. Severe reaction, anaphylaxis, cardiac arrest, or death. The **benefits** include higher doses of nutrients; total amounts of infusion enter the bloodstream that is available to tissues; injectables are not affected by stomach or intestinal disease.

I understand that the information provided on this form and agree to the foregoing. I understand that there is no implied or stated guarantee of success or effectiveness of IV treatments. The IV treatment has been explained by an RN. I must give 24 hours' notice of cancellation to reschedule my appointment. I understand that I will incur the full fee for treatment, regardless of amount used due to wasted materials.

My signature below confirms:

1. I have received all the information and explanation I desire concerning the IV hydration.
2. I authorize and consent to the performance of the IV infusion.

Name:

Signature:

RN Signature

