

One Body Weight Loss & Wellness Center IV Therapy Consent Forms

I, the undersigned, hereby authorize the medical providers at One Body Weight Loss to administer intravenous therapy. I have recounted a complete history of all known allergies that I may have. I understand that this treatment involves inserting a needle and injecting a standardized formula into my veins or muscles. I realize that there may be some discomfort at the site of treatment and that it is my responsibility to inform the attending medical provider of any burning, pain, or negative reactions that I may be experiencing. During intravenous treatment, it is possible for the injection fluid to leak out of the vein into the surrounding tissue. I understand that although the infiltrated fluid may cause pain, it is not dangerous to my health and my body will absorb the fluid. I realize that during and after my treatment I may experience temporary discomfort at the site of treatment.

Advantages of IV therapy:

- Not affected by stomach or intestinal disease
- Total amount given is available to tissues requiring the constituents
- Force nutrients into the cells by means of a high concentration gradient despite low energy due to illness
- Give doses of nutrients higher than those possible by mouth without intestinal irritation

Disadvantages of IV therapy:

- Pain, bruising or infection at injection site Inflammation of vein used for infusion, phlebitis
- Severe allergic reaction or anaphylaxis, resulting in cardiac arrest, possibly death

Alternatives to IV Therapy:

- Oral supplementation
- Lifestyle and dietary changes

I understand that there is no implied or stated guarantee of success or effectiveness of any specific treatment. I understand that I am free to withdraw my consent and to discontinue participation in these treatments at any time. I understand that, except in emergencies, I must give 24 hours notice of intent to cancel or reschedule my appointment. Without 24 hours notice, I understand that I will incur a fee of \$25 for the wasted materials.

Patient Printed Name

Date

Patient Signature