



## Consent and Authorization for INTRAVENOUS THERAPY

Physician performing procedure: Dr. Karen McGee, ND

1. You have the right to be informed of the procedure, of any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have an opportunity to receive such information and give your informed consent.
  - a. The procedure involves inserting a sterile needle into your vein and injecting the formula described by your physician.
  - b. An alternative to the intravenous therapy is oral supplementation and/or dietary and lifestyle changes.
  - c. Risks of intravenous therapy include:
    - i. Discomfort, bruising, and pain at the site of injection.
    - ii. Inflammation of the vein used for injection.
    - iii. Severe allergic reactions, anaphylaxis, cardiac arrest, and death.
  - d. Benefits of intravenous therapy include:
    - i. Injectables are not affected by malabsorption.
    - ii. Total amount of infusion is available to the tissues.
    - iii. Nutrients are forced into cells by means of a high concentration gradient.
    - iv. High doses of nutrients can be given without intestinal irritation.
    - v. Easy to monitor delivery of fluids, electrolytes and nutrients.
  - e. You have the right to consent to or refuse any proposed treatment at any time prior to its performance.
2. The procedure will be performed by or under the direction of the physician named.

### Your signature below means that:

- a. You understand the information provided on this form and agree to the procedure.
- b. The procedure has been adequately explained.
- c. I intend this consent to apply to my present and future intravenous therapies.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient/Representative

If signed by representative, indicate relationship: \_\_\_\_\_