**Intravenous Therapy Consent Form**

Alternatives, Benefits and Risks

Injection therapies are a medically recognized set of procedures that are frequently utilized for conditions involving musculoskeletal injuries and longstanding pain or discomfort. In almost all cases, injection therapy is considered safe, minimally invasive with minimal risk of complications, and is done by a physician. I understand that injection therapy may alter and decrease my pain complaints, but the treatment is not a guarantee from my physician that my pain will be completely eliminated.

In signing this form, I am agreeing that my physician has reviewed with me and I understand that possible alternatives to injection therapy are:

1. Refuse treatment at this time

2. High dose oral vitamin therapy

3. Nutritional therapy

4. Alternative treatments (specify and initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the absence of treatment I understand that my condition may continue without relief; and depending on my diagnosis, there may be additional deterioration, or other symptoms such as persistent somatic dysfunction.

The general risks of injection therapy, depending on the actual procedure, may involve:

1. Allergic reactions (which if untreated could result in death)

2. Pain at the injection site

3. Infection at the injection site

4. Loss of tissue mass with or without cosmetic changes

5. Pneumothorax (punctured lung) duringinjections around the rib cage

6. Temporary numbness or dizziness

In the case of intravenous therapy, additional risks may include:

1. Inflammation of the vein used for injection, phlebitis

2. Severe allergic reaction, anaphylaxis, cardiac arrest and death.

Extreme caution will be taken by the doctor to minimize any and all of the aforementioned complications.

Intravenous injection therapy involves the insertion of a needle into the vein in order to inject a specific blend of natural substances, such as vitamins and minerals.

Benefits of IV therapy include:

i. Injected substances are directly absorbed and are not affected by stomach or intestinal disease

ii. The total amount of infused substance is immediately available to the tissues

iii. Nutrients are forced into cells by means of a high concentration gradient

iv. Higher doses of nutrients can be given than possible by mouth, without digestive irritation

Your signature below means that:

a. You understand the information provided on this form and agree to the foregoing

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)

e. You understand that you have the right to refuse or withdraw your consent at any time

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Representative

If signed by representative, indicate relationship:

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WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_