

## CONSENT for INTRAVENOUS THERAPY

Physician performing procedure: Dr. Sacha Elliott, BA, 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 vitamin and mineral 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. Occasionally to commonly:
      - Discomfort, bruising and pain at the site of injection
    - ii. Rarely:
      - Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury
    - iii. Extremely Rarely:
      - Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death
  - d. Benefits of intravenous therapy include:
    - i. Injectables are not affected by low stomach pH or malabsorption issues
    - ii. Total amount of infusion is 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 without intestinal irritation
    - v. Ease of monitoring fluid, electrolyte and nutrient delivery
  - e. You have the right to consent to or refuse any proposed treatment at any time prior to it being performed.
2. The procedure will be performed by or under the direction of the physician named above.

**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. Intention for this consent to apply to present and future intravenous therapies

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

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