

Consent and Authorization for Intravenous Infusion Therapy

Victory Reproductive Care
8100 Twin Oaks Drive, Windsor
(519) 944-6400

To: _____
Name of Patient

Prior to having your first IV treatment, you'll need to know the benefits and risks of the procedure, have an opportunity to ask any questions, and understand the fees. This information is provided so you are comfortable with your treatment.

1. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.
 - a. The procedure involves inserting a needle into your vein by injecting the Infusion formula as discussed with your Naturopathic Doctor.
 - b. Side effects and risks of intravenous therapy may include:
 - Discomfort, bruising and pain at the site of injection
 - Inflammation of the vein used for injection, phlebitis
 - General malaise and fatigue post infusion
 - Reactive Hypoglycemia (or rapid drop in blood sugar)
 - Hemolytic anemia/shock in patients with a G6PD deficiency
 - Severe allergic reaction, anaphylaxis, cardiac arrest and death
 - c. Benefits of intravenous therapy may include:
 - Injectables are not affected by stomach or intestinal disease
 - Total amount of infusion is available to the tissues
 - Nutrients are forced into cells by means of a high concentration gradient
 - Higher doses of nutrients can be given than possible by mouth without intestinal irritation
 - Support for the immune system
 - Support for the cardiovascular system
 - Heavy metal detoxification
 - Potential anti-cancer effect
2. You have the right to consent or to refuse the proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above.
3. The procedure will be performed by or under the direction of the Naturopathic Doctor.
4. The fees for IVIT have been explained to you at a cost of \$225 per treatment.

Your signature below means that:

- a. You understand the information provided on this form and agree to the foregoing
- b. The IV therapy procedure has been adequately explained to you by your Naturopathic Doctor
- 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)

Patient Signature

Date