

INFORMED CONSENT FOR IV HYDRATION THERAPY

- I, _____, am at least 18 years of age and am of sound legal mind to authorize and consent to the use of IV hydration therapy.
- I have read the two-page information sheet and hereby authorize my medical provider and/or such assistants as may be selected by my medical provider to perform the IV hydration therapy.
- I understand what my medical provider can and cannot do, and that there are no warranties or guarantees, implied or specific, about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered.
- I understand the specific risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
- I understand that multiple treatments may be necessary to achieve desired results.
- I understand that clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.
- I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree, in the event of nonpayment, to bear the cost of collection and/or court costs and legal fees should this be required. No refunds are given for treatments received. I understand that if complications arise, I will be responsible for the cost of any treatment.
- I have informed the clinical staff of any known allergies to drugs or other substances that may be included in the ingredients of my solutions, or of any past reactions to anesthetics. I have noted all of these on the patient history form.
- I have informed the clinical staff of any history of or current/recent use of recreational/illicit drugs/substances, **including tobacco and/or marijuana**, understanding that this could affect my outcome or reactions to treatment.
- I have informed the clinical staff of all current medications and supplements and documented this on the patient history form.
- I have informed the clinical staff of my prior medical history and documented in the patient history form.
- To my knowledge, I am not pregnant. I am not breastfeeding. I understand that it is not recommended to receive IV hydration therapy during pregnancy or while breastfeeding.
- I understand that I may suspend or terminate my treatment at any time by informing my medical provider.
- If I am experiencing any adverse effects or symptoms after I receive IV hydration therapy, I agree to seek medical evaluation immediately.
- I fully understand and confirm that the nature and purpose of the treatment to be provided may be considered unproven by scientific testing and/or peer-reviewed publications and therefore may be considered not medically necessary and/or not currently indicated.
- I understand that I may withdraw my consent at any time.

Patient Signature

Date

Witness Signature

Date