

IV Infusion and O2 Bar Consent Form



Name, DOB _____

This document is intended to serve as informed consent for your Intravenous (IV) Infusion Therapy as ordered by INFUZE @ROYAL MEDICAL HEALTH.

I have informed INFUZE of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed INFUZE of my medical history.

Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These IV infusions are not a substitute for your physician's medical care

I understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician on my follow up appointment. If I decide not to come to follow up appointment that was scheduled for me at the time of first visit

I understand

1. The procedure involves inserting a needle into a vein and injecting the prescribed solution.
2. Alternatives to intravenous therapy are oral supplementation and / or dietary and lifestyle changes.
3. Risks of intravenous therapy include but not limited to:
 - a) Occasionally: Discomfort, bruising and pain at the site of injection.
 - b) Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
 - c) Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.
4. Benefits of intravenous therapy include:
 - a) Injectables are not affected by stomach, or intestinal absorption problems.
 - b) Total amount of infusion is available to the tissues.
 - c) Nutrients are forced into cells by means of a high concentration gradient.
 - d) Higher doses of nutrients can be given than possible by mouth without intestinal irritation

I am aware that other unforeseeable complications could occur. I do not expect INFUZE to anticipate and or explain all risk and possible complications. I rely on INFUZE to exercise judgment during the course of treatment with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV Infusion Therapy, including any other procedures which, in the opinion of my physician(s) or other associated with this practice, may be indicated.

My signature below confirms that:

1. I understand the information provided on this form and agree to the all statements made above.
2. Intravenous (IV) Infusion Therapy has been adequately explained and my questions have been answered satisfactorily to me by Royal Medical Health designated staff and/or provider.
3. I have received all the information and explanation I desire concerning the procedure.
4. I authorize and consent to the performance of Intravenous (IV) Infusion Therapy
5. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure.
6. I also certify that if I have any changes in my medical history medications or my physical conditions I will notify the Royal Medical Health provider who treated me, immediately.
7. I also state that I read and write in English.

I have answered these questions truthfully. I have viewed the Privacy Policy. I give permission to leave detailed messages, fax or e-mail information regarding my care, and/or discuss my medical care with specific family and/or friends, or other healthcare professional when is necessary. I understand that I am granting a waiver of my privacy rights under HIPAA. If I decide to change these instructions, I will notify Royal Medical Health provider in writing as soon as possible. If I have given my email address above, I understand that email is not privacy protected.

Patient's Signature and Date _____