



## **Informed Consent for Intravenous Therapy**

I, \_\_\_\_\_ (DOB: \_\_\_/\_\_\_/\_\_\_), do hereby request and consent to the use of Intravenous (IV) Therapy.

1. I understand that the procedure involves inserting a sterile needle into your vein and injecting the formula prescribed by your physician.
2. I understand the risks that are involved with IV therapy including discomfort, bruising, and pain at the site of the injection. Inflammation of the vein used for injection may also occur. Phlebitis and infiltration are also possible risks to IV therapy.
3. I understand the benefits of IV therapy which can include:
  - ✓ Injectable are not affected by malabsorption.
  - ✓ Total amount of infusion is available to the tissues.
  - ✓ Nutrients are forced into cells by means of a high concentration gradient.
  - ✓ High doses of nutrients can be given without intestinal irritation.
  - ✓ Easy to monitor delivery of fluids, electrolytes, and nutrients.
4. I understand that I may terminate my treatment at any time by informing THE FOUNDRY staff.
5. I assume full liability for any adverse effects that may result from the administration of the proposed treatment.
6. By signing below, I understand the information provided on this form and agree to the procedure. This procedure has been adequately explained to me and this consent may be applied to my present and future IV treatments.

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

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