INTRAVENOUS THERAPY CONSENT FORM

1. Lococo Wellness Clinic provides facilities and personnel for intravenous therapy. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies (for example, shock), procedures are not performed until you have an opportunity to receive such information and to give your informed consent.

   a. The procedure involves inserting a needle into your vein or muscle and injecting the formula described by your naturopathic doctor.

   b. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes; however these treatments may not reach level of absorption provided by intravenous therapy.

   c. Risks of intravenous therapy include:
      ● Discomfort, bruising and pain at the sight of the injection.
      ● Inflammation of the vein used for injection.
      ● Severe allergic reaction, anaphylaxis, cardiac arrest and death.

   d. Benefits of intravenous therapy include:
      ● Injectable nutrients/substances are unaffected by digestion or intestinal disease.
      ● Total amount of infusion is available to the tissues.
      ● Nutrients are forced into the cells by means of a high concentration gradient.
      ● High doses of nutrients can be administered without intestinal irritation.

2. You have the right to consent to or refuse 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. Any different or further procedures, which, in the opinion of your physician, may be indicated, will require your further consent.

3. The procedure will be performed by or under the direction of the naturopathic doctor with qualified medical assistants.

4. To your knowledge, you do not have any of the following conditions:
   ● Type 1 or type 2 diabetes
   ● High blood pressure
   ● Glomerulonephritis,
   ● Interstitial nephritis,
   ● Polycystic kidney disease,
   ● Prolonged obstruction of the urinary tract, from conditions such as enlarged prostate, kidney stones and some cancers
   ● Vescicoureteral reflux
   ● Recurrent kidney infection
Or have previously been diagnosed with these conditions and if currently or previously you’ve been diagnosed, liver and kidney tests need to be performed prior to the administration of intravenous therapy.

5. The cost of intravenous therapy can range from $150 - $200 depending on the therapy you are receiving.

**Your signature below means that:**

- You understand the information provided on this form and agree to the foregoing.
- The proposed intravenous procedure(s) have been adequately explained to you.
- You have received all the information and explanation you require concerning this procedure.
- You authorize and consent to the performance of the procedure.

Name of Patient: ________________________________

Signature of Patient/Parent/Guardian: _____________________________

Date: _____________________