

- 1) You have the right to be informed by the procedure, feasible alternatives, 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 or muscle to inject the formula described by the doctor.
  - b) Alternatives to intravenous therapy are oral supplementation and dietary and lifestyle changes
  - c) risks of intravenous therapy include:
    1. Discomfort, bruising and pain at the side of the injection.
    2. Inflammation of the vein used for the injection (phlebitis)
    3. Severe allergic reaction; Anaphylaxis, cardiac arrest, death.
  - d) Benefits of injection therapy include:
    1. Injectables are not affected by stomach or intestinal disease.
    2. The total amount of infusion is available to the tissues.
    3. Nutrients are forced into the cells by means of a high concentration gradient.
    4. Higher doses of nutrients can be given than are possible by oral administration, without intestinal irritation.
  - e) Contradictions to intravenous therapy include:
    1. Absolute contradictions: Liver failure, renal failure, Addison's disease, CHF
    2. Relative contradictions: Thalassemia, G6PD deficiency, decreased renal function, drug nutrient interactions, allergy and/or sensitivity to substances intended for IV administration.
    3. Caution: HIV/AIDS, immune suppression, post splenectomy, recent burns, malnourishment, chemotherapy.
- 2) You have the right to consent to or 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 described above along with any different or further procedures which, in the opinion of your doctor, may be indicated.
- 3) The procedure will be performed under the direction of the medical doctor. Your signature below indicates that:
  1. You understand the information provided on this form and agree to the foregoing.
  2. The procedure set forth above has been adequately explained to you by the doctor
  3. You have received all the information and explanation you desire concerning the procedure.
  4. You authorize and consent to the performance of the procedure(s).
  5. The following conditions do not exist in your current state of health and that you'll immediately notify your practitioner of any changes regarding the following: liver failure, kidney failure, Addison's disease and congestive heart failure.
  6. You have notified the doctor about your current status of relative and cautionary contradictions mentioned above and you will notify the practitioner immediately about any changes regarding the status of contradictions in the future.
  7. This consent is valid for 12 months from the date of signature.

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Signature of Patient or Parent / Guardian

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Date: