

**Indigo Integrative Health Clinic
CONSENT AND AUTHORIZATION
FOR INTRAVENOUS VITAMIN THERAPY**

Full Name:

Date:

Treatments:

Price:

1. IV Nutrition Therapy is a powerful way to access cells, accelerate healing and prevent infection. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had the opportunity to receive such information and to give your informed consent.

A. The procedure involves inserting a needle into your vein or muscle by injecting the formula prescribed.

B. Before your IV therapy, under the provider's discretion, you may need blood work.

C. Notify the Provider of all medications and supplements you are currently taking and current health issues you may be having.

D. Arrive to IV Therapy on time and well hydrated and eat a snack or meal before.

E. Side effects and risks of intravenous Vitamin therapy include:

- Discomfort, bruising and pain at the site of injection
- Inflammation of the vein used for injection, phlebitis
- General malaise and fatigue post infusion
- Reactive hypoglycemia (or rapid drop in blood sugar)
- Hemolytic anemia/shock in patients with a G6PD deficiency
- Severe allergic reaction, anaphylaxis, cardiac arrest and death

F. Benefits of intravenous Vitamin therapy include:

- Injectables are not affected by stomach or intestinal disease
- Total amount of infusion is available to the tissues
- Nutrients are forced into cells by means of a high concentration gradient
- Higher doses of nutrients can be given than possible by mouth without intestinal irritation
- Support for the immune system
- Heavy metal detoxification
- Potential anti-cancer effect

G. I understand that the following will reduce the efficacy of IV Nutrition Therapy and that it may take more treatments to reach optimal health:

- Cigarette smoking
- Certain medications
- Caffeine consumption increases Vitamin C excretion
- Poor diet: processed foods, high sugar intake, nutrient deficient diets

- Heavy metal toxicity

H. I understand that if I opt out of IV Vitamin Therapy, I have the option of either having weekly IM Vitamin Injections or I can take Vitamins and Minerals by mouth.

2. You have the right to consent or to 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(s) described above.

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

4. If I mislead Indigo Integrative Health Clinic for any of the reasons mentioned above, by signing below I fully understand and take responsibility for the post-treatment consequences.

If any problems should occur after your treatment, the following measures should be taken:

- Inform a representative at our office immediately after a reaction has occurred or within 24 hours of any side effects. If immediate care is needed, a provider will evaluate the patient and necessary treatment will be provided. If you do not contact the office within 24 hours, you will be held liable.

Patient Signature _____

Print Full Name _____

Date _____

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_____ **24 HOURS CANCELLATION POLICY**

Full price will be charged for each IV Vitamin Therapy if you fail to cancel within 24 hours. Confirmation of your appointments is a courtesy call not an obligation. It is the client's full responsibility to keep track of his/her scheduled appointments. If client fails to notify of appointment cancellation at least 24 hours in advance, the no-show will be charged the full amount of the IV Vitamin Therapy paid to accommodate the licensed provider's time and materials. Payment information is required prior to booking your IV Vitamin Therapy appointment.

_____ **PACKAGE REFUND POLICY**

By signing this No Refund Policy, I am agreeing that any service(s), service package(s), gift certificate(s), and/or retail product I purchase(s) at Indigo Integrative Health Clinic is a final sale. I understand any and all services(s), service package(s), gift certificate(s), and/or retail product(s) purchased will not be refunded or issued a credit. I also understand that if I decide to cancel or postpone any service(s), service package(s), gift certificate(s), and/or retail product(s), I will forfeit all monies paid; including any deposits and/or payments I have already paid.

I acknowledge being given access to a copy of this Agreement on the Indigo Health Clinic website at www.indigohealthclinic.com. Should you have any concerns or questions, please do not hesitate to call our office. Our main goal is client satisfaction. That is why it is VERY important to educate our client so they will fully understand the procedure and have trust, confidence and co-operation in their decision. I consent to this IV Vitamin Therapy Form acting as my Consent to this and every IV treatment with Indigo Integrative Health Clinic in the future.

Patient Signature _____

Print Full Name _____

Date _____