Integrative Rheumatology

Consent for Intravenous Hydration Therapy

IV Hydration Therapy: ❑ Myers' Cocktail ❑ Cold & Flu ❑ Immune Boost

Date of Infusion _____

I, _____, **DOB** _____, consent to receive intravenous vitamin and mineral therapy as administered and supervised by the Integrative Rheumatology infusion staff. This is a CONCIERGE service which must be paid at the time of service and will NOT be submitted to insurance.

Initial each

_____ I understand that nutrient therapy is designed to enhance health and wellness. They are not approved or accepted for the purpose(s) of treatment or prevention of disease. This hydration therapy does not replace any treatment recommendations from my physician for management of my disease(s).

_____ I understand that the available hydration options are NOT approved for prevention or treatment of COVID-19.

_____ I understand that I should not get this infusion if I am pregnant, breastfeeding, have congestive heart failure, or a heart arrythmia.

_____ I understand that the benefits of intravenous nutrient therapy are much greater if I follow a healthy lifestyle (non-smoking, weight control, proper exercise, proper diet and nutritional supplementation).

_____ I understand that optimal benefit of these treatments may require a series of treatments that may extend over a number of weeks or months.

_____ I understand that it is my option to stop at any time with this treatment protocol. As with any other intervention, some clients may not respond to this therapy.

I have been informed of possible risks and side effects which include but are not limited to discomfort at the infection site, inflammation/clotting at the site of venous access, warm sensation, light-headedness, acute changes in blood pressure, fatigue, allergic reaction, lowering of blood sugar levels, and arrhythmia. Although rare, some of these side effects may be potentially life-threatening or may require that I seek emergency medical attention. I understand the nature of the proposed therapy and the risks have been explained to my satisfaction.

While I understand that there are no guarantees of successful treatment, I desire to undergo this treatment after considering the benefits and risks. I acknowledge that I have had the opportunity to ask questions about my therapy and all questions have been answered to my satisfaction.

My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of intravenous nutrient therapy in my case and/or any other medical treatments that may be necessary as a result of this therapy.

Financial Obligation IV Hydration is a CONCIERGE service so I agree to pay for the full cost of this service at the time of my visit. I understand that Integrative Rheumatology WILL NOT bill insurance for this procedure.

Patient's Signature: _____ **Today's Date:** _____

I verify that I have explained the information contained in this document to the patient or authorized representative. It is my opinion that the person granting consent has fully understood all subjects discussed.

Staff Signature: _____ Title: _____

Date: _____