



Consent for Intravenous (IV) Infusion Therapy

This document is intended to serve as informed consent for your Intravenous (IV) Infusion Therapy as ordered by Inject, An Aesthetics Bar.

Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease.

What is Intravenous (IV) Infusion Therapy

The procedure involves inserting a needle into a vein and injecting the prescribed solution. Alternatives to intravenous therapy are oral supplementation and / or dietary and lifestyle changes. IV infusions are not a substitute for your physician's medical care.

Benefits of Intravenous (IV) Infusion Therapy

Benefits of intravenous therapy include:

- Injectables are not affected by stomach, or intestinal absorption problems.
- 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.

Risks associated with Intravenous (IV) Infusion Therapy

Risks of intravenous therapy include but not limited to:

Occasionally: Discomfort, bruising and pain at the site of injection

Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.

Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.

I have informed the medical provider at Inject of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the nurse and/or physician of my medical history.

By signing below, I confirm that I understand the information provided on this form and agree to all the statements made above. I am aware that unforeseeable complications could occur. I do not expect the nurse(s) and/or physician(s) to anticipate and or explain all risk and possible complications. I rely on the Inject providers to exercise judgment during the course of treatment with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I authorize and consent to the performance of Intravenous (IV) Infusion Therapy. I release Kelsey Knudson, APRN, Inject, An Aesthetics Bar, and all the medical staff from all liabilities for any complications or damages associated with my Intravenous (IV) Infusion Therapy.