

IV Consent Form

Consent and Authorization for Intravenous Therapy Procedures

1. Dedicated to Health Medical Group (DHMG) provides facilities and personnel to assist your provider in the performance of intravenous therapy/intramuscular injection. 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 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 above by your physician.
 - b. Alternatives to intravenous therapy/intramuscular injections are oral supplementation and/or dietary and lifestyle changes.
 - c. Risks of intravenous therapy include:
 - i. Discomfort, bruising and pain at the site of injection.
 - ii. Inflammation of the vein used for injection, phlebitis and infiltration.
 - iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - d. Benefits of intravenous therapy include:
 - i. Injectables are not affected by stomach or intestinal disease.
 - ii. Total amount of infusion is available to the tissues.
 - iii. Nutrients are forced into cells by means of a high concentration gradient.
 - iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
2. You have the right to consent to or refuse a 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 along with any different or further procedures which, in the opinion of your provider, may be indicated.
3. The procedure will be performed by or under the direction of the provider named above with qualified medical staff.

Your signature below means that:

- a. You understand the information provided on this form and agree to the foregoing.
- b. The procedure(s) set forth above has been adequately explained to you by your provider.
- c. You have received all the information and explanation you desire concerning the procedure.
- d. You authorize and consent to the performance of the procedure(s).

Patient Signature: _____ Witness: _____

Print Name: _____ Date: _____

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