

CONSENT AND AUTHORIZATION FOR INTRAVENOUS THERAPY PROCEDURES

Patient name: _____

Physician prescribing procedure: Dr. Brett Phillips, B.Sc., N.D.

The Intravenous (IV) Nutrient Infusion, as used in this office, is a means of delivering nutrient substances, and other medications, into your body in a way that avoids the digestive process and allows for a most favourable therapeutic dose. It is helpful in many cases where patients are depleted in certain nutrients, or when the substances can have more medicinal value through the IV route.

1. 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. Infusions can range from 20 minutes to several hours.**
 - b) **Alternatives to intravenous therapy are oral supplementation, dietary and lifestyle changes and/or prescription drugs and surgery.**
 - c) **Most patients have no adverse effects from the types of IV Nutrient Infusions we offer. Some common effects that may come and go but are generally safe may be:**
 - i. A warm or relaxed feeling
 - ii. Slight to moderate light-headedness
 - iii. Short term blood sugar changes
 - iv. Thirst
 - v. Nausea

These effects are best dealt with as they arise, and we give specific instructions to help avoid them. It is your responsibility to inform us immediately if you feel any discomfort or sensation that is unusual.

Infiltration of the IV site (when the fluid is leaking out of the vein and around the IV site) is an occasional occurrence in all IV therapies. It can cause pain, swelling and bruising on occasion. If this occurs we will treat it as necessary. The effects of infiltration are uncomfortable but do go away. **If you notice pain, swelling or bruising around your IV site please let us know immediately.**

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- d) **Risks of intravenous therapy include:**
- i. Discomfort, bruising and pain at the site of injection.
 - ii. Inflammation of the vein used for injection, phlebitis. This is typically irritating but not dangerous. The vein may feel firm for one to five weeks. Notify us immediately.
 - iii. Though extremely rare it is important to know that all injections may cause potential serious and life threatening reactions such as infections, severe allergic reaction, anaphylaxis, cardiac arrest and death. We will and do take the necessary precautions to avoid serious complications, but you need to know they exist, however rare the risk may be.
- e) **Benefits of intravenous therapy include:**
- i. Bypass of the bowel mucosal barrier, to circumvent absorptive dysfunctions, and to deliver nutrients directly to the tissues.
 - ii. Delivery of the necessary nutrients to the tissues in optimal proportions, concurrently and for maximal synergistic effects.
 - iii. Total amount of infusion is available to the tissues.
 - iv. Nutrients are forced into cells by means of a high concentration gradient.
 - v. Higher doses of nutrients can be given than possible by mouth resulting in an increase of therapeutic potential.
 - vi. Restoration of the functional integrity of enzymatic pathways in chronic disorders known to result in vitamin, mineral and amino acid deficiencies.
 - vii. Reduction or elimination of the need for drugs where feasible.
2. The procedure will be performed by or under the direction of the physician.
3. You have the right to consent to or refuse any proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the IV procedure(s) described above with any different or further procedures which, in the opinion of your physician, may be indicated.
4. As bags for IV therapies are prepared on an as needed basis and for the individual patient, 24 hrs must be given for a cancelled appointment. Without adequate notice you will be charged for the treatment.

Your signature below means that:

- a) You understand the information provided on this form and agree to the foregoing.
- b) The procedure set forth above has been adequately explained to you.
- 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)

DATE: _____

TIME: _____

SIGNATURE: _____
Patient/Representative

If signed by representative, indicate relationship: _____ Date: _____