

## IV Therapy Consent Form

This document is intended to serve as confirmation of informed consent for IV Therapy as ordered by Debbie M Garratt FNP-C

I have informed Debbie M Garratt of all current medications and supplements my acute and chronic illnesses, of my allergies or adverse reactions to medications or supplements.

My signature below acknowledges that:

- This procedure involves inserting a needle into the vein and injecting a Prescribed solution

The potential risks of IV therapy include, but not limited to:

- Occasionally discomfort, bruising and pain at the injection site.
- Rarely, Inflammation of the vein used for injection, phlebitis, metabolic disturbances and injury.
- Extremely rarely, Severe allergic reaction, anaphylaxis, infection.

Benefits of IV Therapy include:

- Injectables are not affected by stomach or intestinal absorption disturbances
- The total amount of infusion is available to the tissues
- Nutrients are forced into the cell by means of a high concentration gradient
- Higher doses of nutrients can be given than is possible by oral consumption

I am aware that unforeseeable complications could occur, and I do not expect Debbie Garratt FNP-C to anticipate and explain all possible complications. I understand she will use judgement during the course of my treatment. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that I have the right to consent or refuse any proposed treatment.

My signature below confirms that I understand information provided on this form to consent to treatment. I have received all of the information and explanation I desire pertaining to procedure.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner signature \_\_\_\_\_ Date \_\_\_\_\_

