

Informed Consent for Intravenous Therapy, Intramuscular and Subcutaneous Injections

The purpose of this informed consent form is for your Wellness Mobile IV & Vita Drip Corp provider to give you written information regarding the risks, benefits and alternatives of Intravenous Therapy (IV Therapy) and Intramuscular (IM) and Subcutaneous Injections.. This material serves as a supplement to the discussion you have with your provider about the treatment. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your provider prior to signing the consent form.

<u>IV Therapy Procedure</u>: Intravenous (IV) therapy as used by Wellness Mobile IV & Vita Drip Corp is a means to deliver nutrient substances, and other medications, to your body while avoiding the digestive process. This is helpful in many cases where patients are depleted of certain nutrients, or when the substance can have more medicinal value through the IV route.

The IV Therapy procedure involves inserting a needle into the vein and infusing or injecting a solution of nutrients (vitamins, minerals, amino acids, glutathione, electrolytes, sugars, and diluents) over a period of time. IV Therapy is a means to deliver vitamins, minerals and other nutrients to the body while avoiding the digestive process.

It is important for you to understand that this type of therapy, although common, is considered by some physicians to be unconventional and not the standard of medical care for most conditions. Our professional experience with this type of therapy allows us to offer it for your condition as a viable alternative or addition to other (more standard) medical treatments.

Potential Benefits of IV Therapy depend on the substance(s) being infused. Such benefits include but are not limited to:

• Nutrients infused into the bloodstream are not affected by stomach or intestinal absorption disturbances and therefore is better absorbed by the body. This can be especially helpful for individuals with conditions such as decreased intestinal absorption of nutrients, achlorhydria, long-term PPI use, and pernicious anemia. Higher doses of vitamins, minerals and other substances can be given than is possible by oral consumption and without intestinal irritation that can accompany doses given by mouth.

Most patients have no adverse effects from the type of IV therapy we offer. <u>However, some more common potential</u> <u>side effects include</u>:

- A warm / tired or relaxed feeling from the minerals in the IV
- Temporary metabolic disturbances such as temporary changes in blood sugar, temporary changes in blood pressure leading to lightheadedness or dizziness and/or increased thirst.
- Discomfort such as pain, redness, bruising, swelling, burning, stinging, bleeding and/or scar formation at the IV site during or after treatment.

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

Other potential risks include:

- Infection is always a potential risk when the skin is punctured even when sterile procedures are used.
- Infiltration of the IV (the fluid leaking out of the vein and into the surrounding tissues) is an occasional occurrence in all IV therapy. It can cause pain, swelling, and bruising on occasion. This is rare in our office/mobile practice as the IV time is relatively short (as compared with IV duration in the hospital setting). If this occurs, we will treat it as necessary. The effects of infiltration can be uncomfortable but do go away. If you notice pain, swelling or bruising around your IV site please let us know immediately.
- Similarly, to infiltration, the vein may become sore or slightly swollen or warm after an IV. This is typically irritating but not dangerous, and the vein may feel firm for one to five weeks. Notify us of this immediately as well.
- Although materials injected in this clinic/mobile are generally safe and well tolerated by the body it is important for you to understand that all injections may cause **very rare but potentially serious or even life-threatening allergic reactions.** We will and do take necessary precautions to avoid serious complications but you need to know that they exist, however rare the risk may be.

Potential Alternatives of IV Therapy include but are not limited to: No treatment; Oral supplementation of nutrients; Transdermal application of certain substances such as B12 patches, and Dietary and lifestyle changes.

<u>Contraindications depending on IV Therapy solution, may include but are not limited to:</u> Liver and/or kidney dysfunction; heart disease; G6PD Deficiency; Pregnancy and breastfeeding. Please tell your provider immediately if you become pregnant or are breastfeeding.

Intramuscular (IM) injections involve the injection of a substance directly into a muscle. Subcutaneous (subQ) injections involve the injection of a substance into the tissue layer between the skin and the muscle. IM and subQ injections are a means to deliver vitamins, minerals, nutrients or homeopathic substances to the body while avoiding the digestive process. These substances are administered in small amounts (1-3cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. The medical staff will administer the IM or subQ injection into one of two locations: 1) deltoid muscle (shoulder); or 2) gluteal muscle (upper outer buttock). In addition the subQ injection may be administered in the abdominal area.

Potential Benefits of IM and subQ injections depend on the substance(s) being injected. Such benefits include but are not limited to:

• Injection into the muscles and tissue is not affected by stomach or intestinal absorption disturbances and therefore is better absorbed by the body. This can be especially helpful for individuals with conditions such as decreased intestinal absorption of nutrients, achlorhydria, long-term PPI use, and pernicious anemia. Additionally, higher doses of vitamins, minerals and other substances can be given than is possible by oral consumption and without intestinal irritation that can accompany doses given by mouth.

Potential Side Effects and Risks of IM and subQ injections include but are not limited to:

- Discomfort such as pain, redness, bruising, swelling, burning, stinging, bleeding and/or scar formation at the site of the injection;
- Infection is always a potential risk when the skin is punctured even when sterile procedures are used.
- Injury to nerve and/or muscle at the site of the injection.
- Sensitivities or allergic reactions to the injection solution.
- Mild metabolic disturbances such as diarrhea, upset stomach, nausea, increased urination, itching, headache, joint pain, racing heart, dizziness or a feeling of light-headedness after injections depending on the substance(s) in the injection.

Contraindications depending on the injection solution, may include but are not limited to:

- Pregnancy and breastfeeding
- Liver disease, including hepatitis, and/or kidney dysfunction.
- Vitamin B12 is contraindicated for those with Sensitivity to cobalt and/or cobalamin and those with Leber's disease, a hereditary optic nerve atrophic condition, as it can lead to blindness.
- Thrombocytopenia (low platelet counts) and coagulopathy (bleeding tendency) are contraindications for intramuscular injections, as they may lead to bruising and/or excessive bleeding.

Potential Alternatives of IM and subQ Therapy include but are not limited to:

• No treatment; Oral supplementation of nutrients; Transdermal application of certain substances such as B12 patches; and Dietary and lifestyle changes.

By signing this form, you acknowledge that you understand and agree to the following:

I am aware that unforeseeable complications could occur, and I do not expect my Wellness Mobile IV & Vita Drip Corp provider to anticipate all possible complications. Additionally, I understand that any possible side effects from IV Therapy and/or IM and subQ injections are best dealt with as they arise, and that it is my responsibility to inform my provider immediately if I feel any discomfort or sensation that is unusual. <u>No Guarantees</u>: I understand that each patient responds differently to treatments and from one treatment to the next. I understand results are only temporary and the length of time IV Therapy and/or the injection(s) are needed for therapeutic benefit varies for each patient. There is no guarantee, implied or stated, that the IV Therapy administered will treat, improve, reduce or eliminate any medical symptoms or conditions.

I understand that the nature and purpose of IV Therapy and/or the injection(s) may be considered unproven by scientific testing and peer-reviewed publications and therefore may be considered by some physicians to be medically unnecessary and not the standard of medical care for most conditions. Additionally, I understand and acknowledge that the United States Food and Drug Administration (FDA) has not evaluated or approved IV Therapy and/or the injection(s) are to diagnose, treat, cure, or prevent any disease.

Complete Medical Information: I understand that IV Therapy and/or the injection(s) may be contraindicated if I have certain medical conditions, allergies and/or take certain medications. I have truthfully and accurately disclosed all personal medical information including but not limited to: all of my health conditions, my use of all medications, controlled substances, herbs, vitamins/minerals, and other supplements; and all known allergies to drugs or other substances. I understand that failure to do so may negatively affect my treatment outcome and the safety of the IV Therapy and/or the injection(s) and there shall be no liability on my provider's part if I fail to do so.

CERTIFICATION OF CONSENT TO PROCEED WITH TREATMENT: By signing this Informed Consent to Intravenous Therapy, Intramuscular and Subcutaneous Injections I confirm and agree that: I have read this entire Informed Consent, and I understand and agree to the information herein. The nature of the therapy, and the potential risks, benefits and alternatives have been explained to me, and I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I hereby freely and voluntarily accept all risks associated with IV Therapy and elect and consent to proceed with treatment at Wellness Mobile IV & Vita Drip Corp.

FINANCIAL AGREEMENT AND GUARANTEE: I accept full and complete financial responsibility for all medical services rendered to me and agree to pay for the services in full within 7 days of receiving vitamin IV therapy and/or testing. I further acknowledge, understand and agree that in the event that I fail to make such payments in accordance with the payment policies of the Practice, or in the event of default of my financial obligation to pay for services rendered, the Practice may terminate the "doctor-patient" relationship with me. Furthermore, in the event of my default of my financial obligation, should my account be turned over to an external collection agency for non-payment, I agree to pay any associated collection costs. I understand that the terms herein are contractual and not a mere recital; and that I sign this document as my own free act and void of any coercion. The permissions granted herein shall begin on the date listed below and shall remain effective until terminated by the undersigned. My signature below verifies that I have read all of the information contained in this Medical Consent Form and that I have asked questions about anything I have not understood up to this point.

Printed Name _____

Signature _____

Date _____