

Consent Form

Recharge IV Therapy

IV (Intravenous Infusion) Therapy is the process of administering nutrients and Vitamins through the vein directly to the blood stream. IV Therapy allows a higher concentration of nutrients to enter the blood stream in a short period of time versus taking supplements orally.

Risks and Complications

With every treatment there are risks involved. It is important that you understand the risks prior to undergoing treatment. Ensuring you provide a full medical history can reduce these risks but even so there may be unforeseen risks that are presented. If you have any concerns regarding these risks, do not hesitate to contact your Healthcare Professional.

Risks include:

- Phlebitis
- Extravasation
- Infiltration
- Infection
- Swelling
- Fluid Overload
- Rashes
- Speed Shock
- Anaphalaxis
- Air-Embolism
- Sensitivity
- Bruising
- Electrolyte Imbalance

Consent

-During the treatment, despite all the precautionary measures made by the healthcare professional injury is possible. I will not hold the healthcare professional performing this service on me responsible for any issues that may arise due to having the procedure performed on me.

-I consent to the insertion of a peripheral intravenous catheter and to the infusion of fluids, vitamins, mineral and/or medications. I agree and acknowledge that no promises or guarantees were made regarding the efficacy of the infusion.

-I understand an intravenous catheter will need to be inserted into my skin to gain access to the vein by the Registered Nurse. My Registered Nurse will have full competency in inserting an Intravenous catheter, removing an intravenous catheter, monitoring and caring for the intravenous catheter and administering Intravenous vitamins, minerals and/or medications.

- I understand that there are risks associated IV Therapy, if any sort of reaction occurs I will seek medical attention and inform my Healthcare Professional.

- It is my responsibility to advise the Healthcare Professional of any concerns I may have before the procedure.

- I understand and agree to the aftercare instructions provided by the Healthcare Professional. By not following the aftercare instructions I am aware that the desired results may not be achieved.

- I understand that there is a high risk of bruising to the IV site where the administration takes place.

- The Technician performing the procedure will not be held liable for and damages caused to me or my skin by any reason, including allergic reaction, skin sensitivity, and failure to follow the after care instructions.

- I have declared all relevant history, and if any changes occur in the future I will notify my Technician.

Payment

Payment will be taken prior to treatment. I agree that full payment will withstand regardless if treatment has to be stopped at any point for any reason. I understand I am responsible for the full payment of the treatment