



Althea Wellness Centre

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CONSENT & AUTHORIZATION – INTRAVENOUS THERAPY

Patient Name: _____

Date: _____

Primary Practitioner: _____

- Intravenous Vitamin and Mineral Therapy, known as Myers' Cocktail, 30cc
- Intravenous Glutathione Injection, _____ mg
- Intramuscular B12 Injection, _____ mg

1. Althea Wellness Centre provides intravenous therapy to its patients and may employ personnel to assist the naturopathic physicians in the performance of intravenous therapy. You have the right to be informed of the procedure, any alternative options, and the associated risks and benefits to intravenous therapy. Intravenous therapy will not be performed until you have received such information and have given your informed consent.
 - a. The procedure involves inserting a needle into your vein or muscle for the purpose of injecting the formula(s) described above by your naturopathic physician.
 - b. Alternatives to intravenous therapy are lifestyle changes and oral supplementation.
 - c. Side effects and risks of intravenous therapy include:
 - discomfort, bruising, and pain at the site of injection
 - inflammation of the vein used for injection, phlebitis
 - general feeling of warmth during and after injection
 - reactive hypotension (rapid drop in blood pressure)
 - reactive hypoglycemia (rapid drop in blood sugar)
 - allergic reaction, anaphylaxis, cardiac arrest, death
 - d. Benefits of intravenous therapy include:
 - injectables are not affected by stomach or intestinal diseases
 - total amount of infusion is available to the tissues
 - nutrients are forced into cells by means of high concentration gradient
 - higher doses of nutrients can be given than possible by mouth without causing intestinal irritation
 - support for the immune system, adrenal glands, and cardiovascular system
2. You have the right to consent or refuse intravenous therapy at any time prior to its commencement. Your signature below confirms that you have given your consent to the procedure(s) described above.
3. The procedure will be performed by, or under the direction of the naturopathic physician named above, with personnel who maintain qualified training in intravenous therapy.

By signing below, you acknowledge that:

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

Patient Signature

Witness Signature