



Drenched Hydration Beauty + Wellness

IV Hydration Consent Form

Date

Month Day Year

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Email

example@example.com

Emergency Contact Name/Telephone

Check the symptoms you are currently having:

- Fatigue
- Muscle Aches
- Joint Pain
- Dry Skin
- Slow Recovery
- Decreased Performance
- Weight Gain
- Weight Loss
- Migraine Headache
- PMS
- Other

Past Medical History

- Diabetes
- High Blood Pressure
- Asthma
- Kidney Disease
- STI
- Heart Failure
- Autoimmune
- Cardiac Disease
- Blood or Clotting Disorder
- Edema/Swelling
- Pulmonary Edema
- Irregular Heartbeat
- Pregnant

Additional Medical History

Are you taking any medications?

Do you have any allergies?

Do you have a history of using tobacco?

Do you have a history of drug abuse?

How often do you consume alcohol?

Intravenous Nutrient Therapy Consent

I understand that the benefits of intravenous nutrient therapy are much greater if I follow a healthy lifestyle (non-smoking, weight control, proper exercise, proper diet and nutritional supplementation). I understand that an initial series of treatments are anticipated and typically needed to help correct nutrient deficiencies and that these treatments may extend over a number of weeks or months. I understand that it is my option to stop at any time with this treatment and/or treatment protocol without incurring any further expense after I have directed that such treatment be stopped. As with any other medical procedure, a small percentage of clients do not respond to this therapy. This procedure involves inserting a needle into your vein or muscle and injecting the formula prescribed by your practitioner.

Alternatives to intravenous therapy are oral supplementation and dietary/lifestyle changes. Risks of intravenous therapy include but are not limited to discomfort at the infection site, thrombophlebitis, allergic reaction, congestive heart failure, anaphylaxis, cardiac arrest, and death. I understand that this therapy should not be used if I am pregnant without a direct order from my treating OB/GYN.

The procedure will be performed by or under the direction of the MD/Nurse Practitioner by qualified personnel.

Potential benefits of Intravenous Therapy include:

- Injectables/Infusions are not affected by stomach or intestinal disease.
- Total amount of infusion is available to the tissues.
- Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
- I understand the nature of the proposed therapy and the risks and dangers have been explained to me to my full satisfaction.

While I understand that there have been no warranties or guarantees of specific treatment response made to me, I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through conversations and materials that may be provided to me by the office to educate me about the treatment.

I acknowledge that I have had the opportunity to ask questions and with respect to my proposed therapy and the treatments to be utilized and all my questions have been answered to my full satisfaction. Additionally, I am agreeing that I have disclosed my full medical history to the health care practitioner, and I authorize and consent to the performance of the procedure(s). Drenched Hydration Beauty + Wellness LLC is not a credentialed provider for Medicare or any private insurance company. Therefore, I understand that Drenched Hydration Beauty + Wellness LLC will not bill my health insurance for this procedure. This is a cash pay service.

I agree to indemnify, defend, protect, and hold harmless the medical providers employed by or contractors utilized by Drenched Hydration Beauty + Wellness LLC ; and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by Drenched Hydration Beauty + Wellness LLC; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, the medical providers employed by Drenched Hydration Beauty + Wellness LLC; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by Drenched Hydration Beauty + Wellness LLC.

I am aware of the potential side effects associated with IV infusion and injectable therapies provided by Drenched Hydration Beauty + Wellness LLC, I accept all the risks involved with IV infusion and injectable therapy, and will not seek indemnification or damages from the indemnified parties.

My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of intravenous nutrient therapy in my case and/or any other medical treatments that maybe necessary as a result thereof.

Date

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