

The Raphael Clinic of Maryland

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Infusion Consent Form

Date: ____/____/____

I, _____, give consent for _____ to perform phlebotomy and establish IV access or Port access, for me to receive nutritional IV's and/or mistletoe IV as ordered by my physician. I am aware that there is an associated risk of, and not limited to, infection and phlebitis with any IV access/phlebotomy/port access and infusion. Aseptic technique is used in accessing all patients.

I, _____, give consent to have IV therapy in the form of: Vitamin C ____, Mistletoe ____, and/or other _____ as ordered by my physician.

Mistletoe is registered at the FDA for oral use for headaches. Using mistletoe intravenously for cancer is considered "off label" which is legal common practice in medicine.

Possible side effects of IV mistletoe: welts, redness, or itching, at prior subcutaneous injection sites; mild temperature increase (0.5 degrees); aches and mild general discomfort; you may experience slight anxiety as well.

The above symptoms can occur during and/or 24 hours following IV mistletoe. These symptoms may take up to 48 hours to occur after subcutaneous injection. **Not having a reaction does NOT mean that the mistletoe is not working.**

These IV infusions are intended to help enhance immune function and potentially improve the quality of your life. There is no promise of cure for cancer. I am aware that no promises have been made to me as to the outcome of my treatment.

Patient Signature

Patient Name Printed

____/____/____
Date