

Ivermectin is a prescription medication FDA approved to treat certain parasitic infections in humans, available in oral and topical forms. Additionally, this medication has several off-label uses such as cancer treatment and COVID-19.

Ivermectin is primarily used to treat parasitic infections. FDA-approved uses include:

- Strongyloidiasis (intestinal infection from threadworms)
- Onchocerciasis (river blindness)
- Rosacea (topical cream)
- Head lice (topical lotion)

Mechanism of action

Ivermectin works by paralyzing the muscles of parasites, causing them to die, through binding to glutamate-gated chloride channels in the parasite's nervous system. This mechanism does not affect humans because ivermectin cannot cross the blood-brain barrier in mammals.

Dosage

Oral ivermectin is prescription-only and dosed based on body weight. Typically dosing for adults and children over 15 kg is 200 micrograms per kilogram as a single dose. Topical formulations are applied according to the product instructions for conditions like rosacea or head lice.

Safety and Side Effects

Common side effects include dizziness, nausea, diarrhea, fatigue, and mild skin reactions. Serious side effects are rare but can involve neurological symptoms if overdosed. Elderly patients or those with liver, kidney, or heart conditions may require dose adjustments. It is critical not to use veterinary ivermectin products, which are highly concentrated and unsafe for humans, as misuse can lead to serious overdose

Key Considerations

- Always use ivermectin under a doctor's supervision.
 - Follow weight-based dosing for oral tablets.
 - Avoid animal formulations.
 - Topical forms are safe for approved skin conditions.
 - Monitor for side effects and report serious reactions to healthcare providers.
- Ivermectin remains a safe and effective treatment for specific parasitic infections when used correctly, but it should not be used for unapproved purposes such as COVID-19 prevention or treatment

Acknowledgement

1. I understand the risks involved with taking ivermectin both as indicated as well as off label.
2. I understand that taking large doses of ivermectin is dangerous.
3. I understand that I must take ivermectin exactly as prescribed. I understand that non-compliance with my treatment plan may decrease the chances of successful treatment outcomes.

4. I understand that if I have any questions or concerns about my diagnosis, treatment, risk/complications, alternative treatment options, or results of treatments that I will discuss these concerns with my provider.
5. I understand my risk for common side effects such as fever, headaches, dizziness, itching, and rash. Skin reactions and asthma can worsen. Rarely, neurological side effects such as encephalopathy, confusion, and coma have been reported during the use of ivermectin.
6. I understand that Ivermectin can interact with other medications such as blood thinners and I will make my provider aware of my current medication list as well as if any changes to my medication list throughout the course of treatment.
7. I understand that veterinary ivermectin products are unsafe for humans and can lead to serious overdose
8. I understand that an overdose of ivermectin may cause nausea, vomiting, diarrhea, hypotension, allergic reaction, dizziness, ataxia, seizures, coma, and even death.
9. I have read and understand the information provided concerning Ivermectin. I have had the chance to have my questions and inquiries addressed. I understand the risks vs the benefits of Ivermectin treatment.
10. I acknowledge that there are no guarantees relating to the efficacy of Ivermectin therapies and that my provider is not responsible for my individual performance and treatment outcomes.

By signing this consent form, you acknowledge that you have been fully informed about the nature, potential benefits, risks, and alternatives of the Ivermectin services offered at Divine Health Group. You voluntarily agree to participate in these services and understand that you have the right to withdraw consent at any time without prejudice to your future care.

I have read and understood the information provided in this informed consent form. I voluntarily consent to participate in the anti-aging services offered at Divine Health Group.

Name: _____ Date of Birth _____

Name of Individual Authorized to Sign for Patient