**Alyssa Johnston Registered Nursing, Inc.**

This document is intended to serve as confirmation of informed consent for IV therapy as ordered by Alyssa Johnston, FNP-BC. I have informed the practitioner of all current medications and supplements. I have also informed Alyssa Johnston, FNP-BC of any known allergies to drugs or other substances, or of any past reactions to anesthetics. I understand that I have the right to be informed of the procedure, any alternative options, and the risks and benefits of IV therapy. Procedures will not be performed until I have the opportunity to give my informed consent, except in the case of an emergency. My signature below acknowledges that:

1. This procedure involves inserting a needle into the vein and injecting a prescribed solution.

2. Alternatives to IV therapy include, but are not limited to, oral supplementation.

3. The potential risks of IV therapy include, but are not limited to: I. Occasionally: Discomfort, bruising and pain at the injection site. II. Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury. III. Extremely rarely: Severe allergic reaction, anaphylaxis, infection, cardiac arrest, and death.

4. Benefits of IV therapy include: I. Injectables are not affected by stomach, or intestinal absorption disturbances. II. The total amount of infusion is available to the tissues. III. Nutrients are forced into cells by means of a high concentration gradient. IV. Higher doses of nutrients can be given than is possible by oral consumption.

I am aware that unforeseeable complications could occur, and I do not expect Alyssa Johnston, FNP-BC to anticipate or explain all possible complications. I rely on the practitioner to exercise judgement during the course of my treatment. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that I have the right to consent or refuse any proposed treatment at any time. My signature affirms that I have given consent to IV therapy with Alyssa Johnston, FNP-BC. I understand that all nutrient infusions are considered investigational/experimental and are not considered standard of care.

My signature below confirms that: 1. I understand the information provided on this form and consent to treatment. 2. The procedure(s) set forth above has been adequately explained. 3. I have received all the information and explanation I desire pertaining to the procedure. 4. I authorize and consent to the procedure(s). 5. I understand that IV therapies are experimental.

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(Patient’s Signature) Date

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(Alyssa Johnston, FNP-BC Signature) Date

Please note that before beginning IV therapy, records of the following tests are recommended: • Complete Blood Count (CBC), Renal Function, Electrolytes. • Urinalysis (dipstick). • If the patient requires more than 15 grams of Vitamin C per treatment, then G6PD must be performed.