

**IV Therapy Consent Form**

This document is intended to serve as confirmation of informed consent for IV therapy as ordered by Dr. Lauren MacIntosh, ND.

I have informed the doctor of all current medications and supplements. I have also informed Dr. Lauren MacIntosh 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 Dr. Lauren MacIntosh to anticipate or explain all possible complications. I rely on the doctor 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 Dr. Lauren MacIntosh, ND. 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.

\_\_\_\_\_  
(Patient's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Dr. Lauren MacIntosh, ND 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.