



## Informed Consent Outline

- The benefits of intravenous and/or intramuscular nutrient therapy are much greater if you follow a healthy lifestyle (non-smoking, weight control, proper exercise, proper diet and nutritional supplementation).
- Intravenous and/or intramuscular nutrient therapies have not been proven to cure or prevent disease and are considered a therapeutic treatment.
- An initial series of treatments are anticipated and these treatments may extend over a number of weeks or months but you may stop at any time.
- As with any other medical procedure, a small percentage of clients do not respond to this therapy.
- The risks and side effects include but are not limited to: discomfort at the infection site, thrombophlebitis, fatigue, allergic reaction, congestive heart failure, lowering of blood sugar levels, fever, and chills and generalized complaints.
- Certain health conditions may limit your eligibility and/or disqualify you from receiving intravenous and/or intramuscular vitamin therapy treatments with us without a physician note including but not limited to: pregnancy, diabetes, kidney disease, heart disease, liver disease, and COPD.



## Informed Consent

I, \_\_\_\_\_ hereby give consent to Mountain Range Wellness to perform intravenous and/or intramuscular vitamin and mineral therapy. I understand that intravenous nutrient therapy is not standard, widely approved or accepted for the purpose(s) of treatment of prevention of disease and the view that it is of benefit in the treatment of such disorders is accepted by a minority of the medical community and is considered "experimental" by most physicians.

I understand that the benefits of intravenous and/or intramuscular 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 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 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.

I have been informed of possible risks and side effects including but not limited to discomfort at the infection site, thrombophlebitis, fatigue, allergic reaction, congestive heart failure, lowering of blood sugar levels, fever, and chills and generalized complaints. I understand that most of these therapies should not be used if I am pregnant unless with an order from my doctor. 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 successful treatment 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. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of intravenous and/or intramuscular nutrient therapy in my case and/or any other medical treatments that may be necessary as a result thereof.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_