IV Therapy Consent Form

East Meets West Medical Clinic

353 W Iowa Ave Nampa, ID 83642

Pure Med Spa

9466 W Fairview Ave Boise, ID 83704

This document is intended to serve as confirmation of informed consent for IV therapy as

ordered by Dr. Tyler Watkins, DNP, FNP-BC.

I have informed the health care provider of all current medications and supplements. I have also informed Dr.Tyler Watkins 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. Tyler Watkins to anticipate or explain all possible complications. I rely on the provider 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. Tyler Watkins, DNP.

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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(Dr. Tyler Watkins, DNP, FNP-BC) 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.