Informed Consent for Intravenous (IV) Therapy

I, the undersigned, hereby authorize the physicians at FoRM Health, LLC to administer intravenous therapy. I understand that FoRM Health and (its physicians) independently contract with EWG, and are thus independently responsible for my medical care, and EWG does not hold any responsibility for medical decisions made or treatments provided. I have recounted a complete history of all known allergies that I may have. I understand that this treatment involves inserting a needle and injecting a formula of intravenous approved substances into my veins or muscles. I realize that there may be some discomfort at the site of treatment and that it is my responsibility to inform the physician of any burning, pain, or negative reactions I may be experiencing. During IV treatment, it is possible for the injection fluid to leak out of the vein into the surrounding tissue. I understand that although the infiltrated fluid may cause pain, it is not dangerous to my health and my body will absorb the fluid. I realize that during and after my treatment I may experience temporary discomfort at the site of treatment.

Advantages of IV Therapy	*Disadvantages of IV Therapy*
- Not affected by stomach or intestinal disease - Total amount given is available to tissues requiring the constituents - Force nutrients into the cells by means of a high concentration gradient despite low energy due to illness - Give doses of nutrients higher than those possible by mouth without intestinal irritation	- Pain, bruising, and rarely infection at injection site - Inflammation of vein used for infusion, phlebitis - Severe allergic reaction or anaphylaxis , resulting in cardiac arrest, possibly death *Alternatives to IV therapy* - oral supplementation, lifestyle and dietary changes

I understand that there is no implied or stated guarantee of success or effectiveness of any specific treatment. I understand that I am free to withdraw my consent and to discontinue participation in these treatments at any time. I understand that, except in emergencies, I must give 24 hours notice of intent to cancel or reschedule my appointment.

Printed Name: _____ Signature: _____

Witnessed By: _____ Date: _____