



FORTIFY IV

NUTRIENT INJECTIONS & INFUSIONS

IV Infusion and Injection Consent Form

Please read the following information carefully:

IV infusion and injection therapy at Fortify IV, PLLC is not intended to diagnose or treat a specific medical condition. IV infusion and injection therapy will not prevent, treat, or cure any medical condition or disease.

IV and injectable therapy and any claims made about these treatments have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These procedures are not FDA approved and are not considered a medical necessity.

During IV infusion therapy, a peripheral intravenous catheter will be inserted into a vein in your body and you will have fluids, vitamins, minerals, and/or nutrients infused directly into your body. Injection therapy involves a vitamin, mineral, and/or nutritional compound being injected directly into the subcutaneous fat or muscle of your body.

Common Risks

Irritation

Pain/discomfort

Bruising/bleeding at the site

Less Common Risks

Infection at the site

Injury to tissue

Phlebitis

Low blood pressure/fainting

Fluid volume overload

Drug/supplement interactions

Rare Risks

Sepsis

Severe allergic reaction

Anaphylaxis

Blood clots

Shock

Cardiac arrest/Death

Benefits of IV and Injection Therapy

Enhanced absorption of vitamins and minerals

Increased hydration

Alleviation of certain symptoms

Increased total body nutrient density

Improved performance/recovery

Treatment with IV and injectable vitamins/hydration/nutritional/mineral and/or medications offered at Fortify IV, PLLC is completely voluntary in nature. Alternative therapy for the symptoms you are seeking IV infusion and injectable therapy for include, but are not limited to ongoing treatment by your primary care provider and/or specialty provider, oral supplementation, and dietary/lifestyle modifications. You have the right to refuse any procedure or recommended therapy at any time



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- I have had the nature of the procedure and/or therapy, the risks and benefits of therapy, and the alternative therapies for my medical condition or symptoms explained to me. I have had all my questions and concerns answered to my satisfaction. I acknowledge that I have been given sufficient information about IV infusion and injection therapy and all its associated risks and benefits upon which to make an informed decision about treatment.
- I have informed Fortify IV, PLLC and the medical staff of all of my medical conditions/diagnoses. I have also disclosed all medications/supplements I am currently taking, along with any allergies. I understand that serious adverse events could happen if I do not disclose this information.
- I acknowledge that there are no guarantees regarding the results of these therapies or their effect on my presenting condition.
- I give my consent for the use of emergency intervention if required.
- I certify that I am of sound mind and body to make medical decisions and to consent for treatment.
- I certify I will remain under the care a licensed primary care provider and/or mental health provider as IV infusion and injection therapy is considered an adjunctive and non-medically necessary treatment option.
- I release Fortify IV, PLLC and the entire medical staff from all liabilities for any complications or damages associated with IV infusion and injection therapy.
- I have read this consent and fully understand the information within it and I voluntarily authorize and consent to the treatment options, including but not limited to IV infusion therapy, provided to me at Fortify IV, PLLC.

Patient Name (print)

Patient or Legal Guardian Signature

Date

Provider Signature

Date