

# REVIVE INFUSION THERAPY



## Consent Form

Please initial each line below and sign at the bottom.

Full Name : \_\_\_\_\_

\_\_\_\_\_ I have informed revlVe of any known allergies to medications, other substances and have provided a list of all current medications and supplements. I have fully informed revive of my medical history.

\_\_\_\_\_ IV infusion therapy and any claims made about these infusions have not been evaluated by the FDA and are not intended to diagnose, treat, cure or prevent any medical disease. These IV infusions are a supplement to your physician's care.

\_\_\_\_\_ I understand that I have the right to be informed of the procedure and the risks and benefits. I am giving my informed consent.

\_\_\_\_\_ I understand that the procedure involves inserting a needle into a vein and injection solution with or without vitamins.

\_\_\_\_\_ I understand that there are risks of intravenous therapy that include but not limited to:

- \* Occasionally: discomfort, bruising and pain at insertion site.
- \* Rarely: inflammation of the vein phlebitis, metabolic disturbances, and injury.
- \* Extremely rare: severe allergic reaction, anaphylaxis, infection, cardiac arrest or death.

\_\_\_\_\_ I understand the benefits include but not limited to: Injectables are not affected by stomach, or intestinal absorptions. Total amounts of infusions are available to the tissues. Nutrients are forced into cells by means of a high concentration gradient. Higher doses of nutrients can be given than possibly by mouth without intestinal irritation.

\_\_\_\_\_ I am aware that other foreseeable complications could occur. I do not expect revive to anticipate and or explain all risk and possible complications, I rely on revive to exercise judgment during the course of treatment with regards to my procedure. I understand the risks and benefits of all the procedures and have had the opportunity to have all my questions answered.

\_\_\_\_\_ My signature below confirms that: I understand the information provided on this form and agree to all the statements made above. Intravenous Infusion therapy has been adequately explained to me. I have received all the information and explanation I desire concerning the procedure. I authorize and give consent to the performance of Intravenous infusion therapy. I release Dr. Sunil Kurup, M.D., and all medical staff at revive from all liabilities for any complications or damages associated with my Intravenous infusion therapy.

**Client Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

# REVIVE INFUSION THERAPY



## Consent Form Continued

Please Print

Full Name :

Signature :  Date :

Date Of Birth :        
D D M M Y Y

E-Mail :

## Procedure Details (Staff Only)

Site :  Needle Size :

Fluid :

Lot # :  Expiration :

Vitamins

Vial 1 Lot :  Expiration :

Vial 2 Lot :  Expiration :

revIVEe Employee :

revIVE Employee Signature :