



YELLOWSTONE NATUROPATHIC CLINIC

720 N 30th St Billings, MT 59101 406-259-5096 Fax: 406-545-0044

INFORMED CONSENT FOR INTRAVENOUS THERAPY

Patient Name: _____

PHYSICIAN SIGNATURE: _____

1. Yellowstone Naturopathic Clinic (YNC) provides facilities and personnel to assist your physician in the performance of intravenous therapy. You have the right to be informed of the procedure, any feasible alternatives, and the risks and benefits. Except in emergencies, procedures are not performed until you have had the opportunity to receive such information and give your informed consent.
 - a. The procedure involves inserting either a needle or a catheter into your vein and injecting the solution.
 - b. Alternatives to intravenous therapy may include: intramuscular injection, oral supplementation, dietary and/or lifestyle changes.
 - c. Risks of intravenous therapy include:
 - i. Discomfort, irritation, bruising and pain at or near the injection site.
 - ii. Inflammation of the vein used for injection (phlebitis).
 - iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - d. Benefits of intravenous therapy include:
 - i. Unlike oral supplementation, injectibles are not affected by compromised gastrointestinal function or absorption.
 - ii. The total amount of the infusion is available to the tissues.
 - iii. Nutrients are forced into cells by means of a high concentration gradient.
 - iv. Unlike oral supplementation, higher doses of nutrients can be given without intestinal irritation.
2. Either your physician or a licensed caregiver will perform this procedure.
3. You have the right to either consent or refuse a proposed treatment at any time prior to its performance. In addition, you may revoke your consent at any time during the treatment at which point the treatment will be terminated.
4. Please note for scheduling it may take up to 14 business days to get supplies for your treatment.

Your signature below means:

- a. You read and understand the information provided on this form and agree to the foregoing.
- b. You received all the information and explanation you desire concerning the procedure.
- c. You authorize and consent to the performance of the procedure(s).

This consent covers a series of treatments/procedures for this purpose only and is limited in scope. It is not a replacement for a personal physician.

A report will be sent to your personal physician if requested (name) _____

Patient/Representative: _____
Print Name Signature

Date: _____ If signed by a representative, indicate relationship _____

Date: _____ Witness: _____



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Cancellation Policy for IV Therapy

Yellowstone Naturopathic Clinic respectfully requests a 24 hour cancellation on all IV Therapies. In the event you do not cancel your appointment within **24 hours** there will be a **charge for the visit** associated with your scheduled treatment. This appointment is set aside for you. The doctor prepares your specific IV therapy prior to your scheduled appointment.

Our physicians are skilled and experienced in all aspects of IV Therapy. In the event they are unable to access a vein, there will be a charge of \$68.00* for the visit time.

**Fees subject to change.*

Steps to take for successful IV access:

- Staying hydrated with water, herbal tea or electrolyte drinks. If possible, please drink 1/2 to 1 liter of fluids prior to IV therapy. If you have a heart condition, kidney disease or any other medical condition that restricts fluids, please consult with your physician first about consumption of fluids.
- Avoid consumption of caffeine and coffee products the day of the IV.
- Wear long sleeves the day of the IV to help prevent your arms from becoming chilled.
- Weight lifting or cardio exercise before the IV. Please consult with your physician before starting an exercise regimen.

Patient: _____

Date: _____

Witness: _____

Date: _____



Copy given to patient