**Vitamindrip™ Inklein**

**10477 Islington Ave. Kleinburg 647 527-0701**

**Consent and Authorization for Intravenous Therapy Procedures**

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naturopathic Doctor performing procedure: Dr. Connie Pugliese ND

You have the right to be informed of the procedure, any feasible alternative options,

and the risks and benefits. Except in emergencies, procedures are not performed until you have had an

opportunity to receive such information and to give your informed consent.

1. The procedure involves inserting a needle into your vein or muscle and injecting the

formula described above by Dr. Connie Pugliese, Naturopathic Doctor.

1. Risks of intravenous include but are not limited to:
2. Discomfort, bruising and pain at the site of injection
3. Inflammation of the vein used for injection, phlebitis.
4. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
5. Benefits of intravenous therapy include:
6. Injectables are not affected by stomach or intestinal disease.
7. Total amount of infusion is available to the tissues.
8. Nutrients are forced into cells by means of a high concentration gradient.
9. Higher doses of nutrients can be given than possible by mouth without intestinal

irritation.

1. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle

changes.

1. You have the right to consent to or refuse the proposed treatment at any time prior to its

performance. Your signature on this form affirms that you have given your consent to the

procedure described above with any different or further procedures which, in the opinion of Dr.Connie Pugliese, Naturopathic Doctor may be indicated.

1. The procedure will be performed by Dr.Connie Pugliese, Naturopathic Doctor.

Your signature below means that:

1. You understand the information provided on this form and agree to the foregoing.
2. The procedure set forth above have been adequately explained to you by Dr.Connie

Pugliese, Naturopathic Doctor.

1. You have received all the information and explanation you desire concerning the

procedure.

1. You authorize and consent to the performance of the procedure.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Patient or Legal Guardian)