



INTEGRATIVE HEALTH INSTITUTE

Good health enables empowered, authentic living.

Consent and Authorization for High Dose Intravenous Vitamin C Therapy

To: _____
Name of Patient

Naturopathic Doctor performing procedure: _____

1. The Integrative Health Institute provides facilities and personnel to assist your naturopathic doctor in the performance of intravenous therapy. 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.
 - a. The procedure involves inserting a needle into your vein or muscle by injecting the formula described above by your naturopath.
 - b. Side effects and risks of intravenous vitamin c therapy include:
 - Discomfort, bruising and pain at the site of injection
 - Inflammation of the vein used for injection, phlebitis
 - General malaise and fatigue post infusion
 - Reactive Hypoglycemia (or rapid drop in blood sugar)
 - Hemolytic anemia/shock in patients with a G6PD deficiency
 - Severe allergic reaction, anaphylaxis, cardiac arrest and death
 - c. Benefits of intravenous vitamin c therapy include:
 - Injectables are not affected by stomach or intestinal disease
 - Total amount of infusion is available to the tissues
 - Nutrients are forced into cells by means of a high concentration gradient
 - Higher doses of nutrients can be given than possible by mouth without intestinal irritation
 - Support for the immune system
 - Support for the cardiovascular system
 - Heavy metal detoxification
 - Potential anti-cancer effect
2. You have the right to consent or to 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(s) described above with any different or further procedures which, in to opinion of your naturopath may be indicated
3. The procedure will be performed by or under the direction of the naturopath named above with qualified medical assistants

Your signature below means that:

- a. You understand the information provided on this form and agree to the foregoing
- b. The procedure(s) set forth above has been adequately explained to you by your naturopath
- c. You have received all the information and explanation you desire concerning the procedure
- d. You authorize and consent to the performance of the procedure(s)

Patient Signature

Date