



About receiving IV therapy

This document describes what you need to know about intravenous (IV) therapy. Should you have any unanswered questions, our staff can answer them at your in-person consultation.

Before treatment

What does it do?

This treatment hydrates your cells by infusing sterile fluids into your circulatory system. Once the IV line is established, it can also be used to replenish your body's electrolytes, vitamins, minerals, or antioxidants. A wide range of medications can also be administered via IV therapy. IV therapy can also be used to:

1. help relieve pain related to headaches and migraines
2. treat upset stomach
3. rehydrate after or during illness
4. treat jet lag
5. relieve symptoms of a hangover
6. boost athletic performance
7. treat dry skin

Who should not receive this treatment?

IV therapy is not recommended if you have:

1. a history of congestive heart failure
2. a history of kidney failure
3. an allergy to any of the medications or supplements in the IV solution

What is the treatment process?

Before your treatment you will meet with our physician to discuss your health history and current needs and select the treatment that will meet your needs. Our physician will place a small needle—called an **angiocath**—in a vein in your arm or hand, then connect the IV tubing. The tubing is connected to a bag of sterile solution containing electrolytes, vitamins, minerals, antioxidants, or medications. You may lay on the bed or sit in a chair for the next 30 to 50 minutes while the fluid is infused. Once complete, our medical staff will remove the angiocath from your arm or hand.

What risks are involved? What problems might I experience?

During infusion you are likely to feel coolness from the IV solution as it enters and circulates. Mild irritation, itching, and bruising at the administration site are common side effects. Dizziness, lightheadedness, headaches, and muscle cramps are sometimes reported. Infection at the injection may happen in rare cases. There is also the risk of too much fluid coming in rapidly, which can be dangerous if there are preexisting medical conditions.

Tell us

all of your current medical conditions, including what medications and supplements you use.

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I agree to tell my provider of any future changes in my medical profile, medications, topical products, and issues related to my treatment.
9. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time