

Consent for Vitamindrip

Procedure: Infusion of Vitamindrip (circle the drip you are requesting)

Quench Recovery & Performance Get up & Go Immunity Alleviate Inner Beauty

Myers Cocktail Amino Blend NAD

1. Steven A. Fein, MD, Chrislyn Chaloupka, FNP-C and Vitamindrip Inc. to aid in the performance of intravenous therapy. You have the right to be informed of the procedure, any feasible alternative options, and risk 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 and injecting the formula described above.
 - b. Alternatives to intravenous therapy are oral supplements and/or dietary and lifestyle changes.
 - c. Risk of intravenous include but are not limited to:
 1. Discomfort, bruising and pain at the site of the injection.
 2. Inflammation of the vein used for injection, phlebitis.
 3. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - d. Benefits of intravenous therapy include:
 - a. Injectables are not affected by stomach or intestinal disease.
 - b. Total amount of infusion is available to the issues.
 - c. Nutrients are forced into cells by means of a high concentration gradient.
 - d. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
2. 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(s) described above.
3. The procedure will be performed by Steven A. Fein, MD or Chrislyn Chaloupka, FNP-C.

Your signature below means that:

- a. You understand the information provided on this form and agree to the foregoing of the injection.
- b. The procedure(s) set forth above have been adequately explained to you.
- 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 Name: _____
(Please print clearly)

Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____