

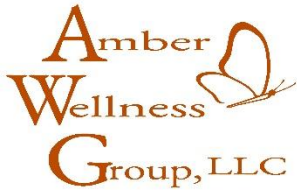
1944 NE 45th Avenue, Portland, OR 97213
Phone 971-319-0045
Fax 833-962-2422
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IV Infusion Consent Form

This form outlines that you understand that a peripheral intravenous catheter will be inserted into a vein in your body, and you will have fluids, vitamins, minerals, nutrient, and/or medications infused directly into your body. This is considered "IV Infusion Therapy."

By signing below, I acknowledge each point below:

- I understand that IV infusion therapy at Amber Wellness Group is not intended to diagnose or treat a specific medical condition. I understand that I am here seeking IV infusion therapy voluntarily to assist with certain symptoms or ailments I may be experience.
- I have informed Amber Wellness Group of all the medications, supplements, and allergies that I have. I understand that serious adverse events could happen if I do not disclose all my drug/food/vitamin/and additional allergies and medications/supplements that I am currently taking.
- I understand that I have been informed of the procedure involving IV infusion, the alternative treatment options, and the risks and benefits of the mutually agreed upon treatment.
- I understand that the procedure involves inserting a needle into a vein or having a solution injected into the bloodstream.
- I understand that common risks involved with IV therapy include, but are not limited to, irritation, pain, discomfort, bruising, and bleeding at the site of the IV insertion or injection.
- I understand that less common risks involved with IV therapy include, but are not limited to, infection at the site of the IV insertion or injection, injury to the tissue, phlebitis, low blood pressure, fainting, fluid volume overload, medication interactions, and drops in blood sugar levels.
- I understand that rare side risks involved with IV and injection therapies include, but are not limited to, sepsis, severe allergic reactions, severe medication/supplement interactions, anaphylaxis, blood clots, shock, cardiac arrest, and death.
- I give my consent for the use of emergency intervention if required during treatment.



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- I understand that the benefits of IV therapy include, but are not limited to, enhanced absorption of vitamins and minerals as they bypass the digestive tract, increased total body hydration, alleviation of certain symptoms, increased total body nutrient density, and improved performance/recovery.
 - I understand the risks and benefits of the procedure, IV infusion therapy and have had all my questions answered to my full satisfaction.

Printed Name: _____

Signature _____

Date _____