

Holistic Medicine of Belleair

Renata Teytelbaum MD, AMMG

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Consent and Authorization for Intravenous Therapy

Renata Teytelbaum MD, PA provides this facility and its personnel to allow the performance of intravenous therapy.

You have the right to be informed of the procedure, any feasible alternative options, as well as risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive this information and to give your informed consent.

The procedure involves inserting a needle into your vein or muscle and injecting a formula. You have the right to ask the exact contents of the formula given to you. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.

Risks of intravenous therapy include, but are not limited to:

- I. Discomfort, bruising or pain at the site of injection
- II. Nausea, feeling lightheaded, flushing
- III. Inflammation of the vein used for injection and/or phlebitis
- IV. Severe allergic reaction, anaphylaxis, cardiac arrest and/or death

Benefits of intravenous therapy include:

- I. IV Therapy is not affected by stomach or intestinal disease
- II. The entirety of the infusion is available to tissues
- III. Nutrients are forced into cells by means of a high concentration gradient
- IV. Higher doses of nutrients can be given than it is possible by mouth without intestinal irritation.

You have the right to consent 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 as well as any different or further intravenous therapy procedures which, in the opinion of your physician, may be indicated.

The procedure will be performed by or under the direction of Renata Teytelbaum MD, along with qualified medical assistants and nurses.

Your signature below means that you understand the information provided on this form and agree to the foregoing.

The procedure(s) set forth above has been adequately explained to you by your physician. You have received all the information and explanation you need concerning the procedure. You authorize and consent to the performance of the procedure(s).

Printed Name: _____

Signature: _____

Date: _____