Informed Consent for Intravenous (IV) Therapy and Chelation

This document confirms that you are voluntarily seeking IV therapy and/or chelation services at **Blatman Health and Wellness Center** and acknowledges your understanding of the procedure, its risks, benefits, and alternatives.

Purpose of Procedure

IV therapy involves inserting a needle into a vein and infusing prescribed nutrients (such as vitamins, minerals, amino acids) or chelation agents over a specified period. Chelating agents may also be infused for pretreatment testing to help develop an appropriate treatment plan.

Patient Responsibilities

- I have informed my physician of any known allergies to medications or substances that may be included in my IV solutions.
- I have disclosed all current medications and supplements I am taking.

Risks

- Discomfort, bruising, or pain at the injection site.
- Inflammation of the vein (phlebitis), metabolic disturbances, or tissue injury.
- Infection at the injection site.
- Severe allergic reaction (anaphylaxis), cardiac arrest, or death (rare).
- Other unforeseen complications.

Benefits

- IV therapy bypasses the digestive system, making nutrients fully available to tissues.
- Higher doses of nutrients can be administered without gastrointestinal irritation.
- IV chelation therapy may help reduce or eliminate heavy metals from the body.

Alternatives

- Oral supplementation, dietary changes, and lifestyle modifications.
- Oral chelation therapy or therapies that support natural elimination of metals, such as nutritional supplementation, constitutional hydrotherapy, and colon hydrotherapy.

Important Information

- IV nutrient therapy is considered **investigational** in the United States and may not benefit all patients.
- There is no guarantee of success or effectiveness of any treatment.
- I may refuse or withdraw consent at any time prior to treatment.
- Except in emergencies, I agree to provide at least **24 hours' notice** to cancel or reschedule appointments. Once my IV solution is prepared, I will incur the full fee for treatment regardless of the amount administered.
- I have had the opportunity to ask questions and receive satisfactory answers.

Consent

My signature below indicates that I have carefully read and reviewed this Informed Consent for IV Therapy and Chelation and fully understand all its terms and conditions.

Patient Name: _____ **Date:** _____

Patient Signature: _____

Witness Name: _____ **Date:** _____