

This document serves as confirmation of informed consent for Intravenous (IV) Therapy as ordered by Precinct Group. You have the right to be informed of the procedure's details, risks, and benefits. Procedures will not be performed until you have received this information and provided your informed consent, except in emergencies.

Procedure Details

The intravenous procedure involves inserting a needle into your vein and infusing prescribed nutrients (vitamins, minerals, amino acids) over a determined period.

Risks, Benefits, and Alternatives:

1. Risks and Potential Side Effects:

- Discomfort, bruising, and pain at the injection site.
- Inflammation of the injected vein, phlebitis, metabolic disturbances, and injury.
- Severe reactions, including anaphylaxis, cardiac arrest, or death.

2. Benefits:

- Injectable nutrients bypass stomach or intestinal issues.
- Entire infusion enters the bloodstream, making it readily available to tissues.
- Higher nutrient doses can be administered without intestinal irritation.

3. Alternatives:

- Oral supplementation.
- Dietary and lifestyle changes

Additional Information

You acknowledge that unforeseeable complications could occur. The physician(s) will exercise judgment during treatment. By signing, you affirm understanding of the risks, benefits, and the right to consent or refuse treatment.

Consent and Acknowledgment

Your signature below confirms:

1. Receipt of sufficient information about the procedure.
2. Authorisation and consent for the procedure(s).

Checklist

Please check the boxes below:

- I have informed the physician of any known allergies or past reactions to medications or substances.
- I have provided information about all current medications and supplements.

Your safety and well-being are our priority. If you have any questions or concerns, please feel free to ask. Thank you for your cooperation.

Signature: _____

Date: _____

*Once you have filled in the above signature and date please send the form to info@theprecinctgroup.co.za