



Arizona Natural Medicine, L.L.C.

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CONSENT FORM FOR THE TREATMENT OF INTRAVENOUS VITAMIN THERAPY AND/OR INTRAMUSCULAR INJECTIONS

Guidelines for Participating in Nutritional Intravenous Therapy

- ◆ Do stay well hydrated by drinking adequate water the day of your treatment.
- ◆ Do inform Dr. Kiera Lane or Dr. Sarv Varta K. Khalsa of any allergies to any nutrient, lidocaine, metal, or any other allergy you may have prior to treatment.
- ◆ Do arrive relaxed to further facilitate the treatment.
- ◆ Do understand that intravenous vitamin therapy is being used only if the doctor deems it therapeutically necessary in your treatment.
- ◆ Do tell the doctor of any fears you may have about your treatment so they can be addressed prior to treatment.

Potential Side Effects Associated With Intravenous Vitamin Therapy and/or Intramuscular Injections

- ◆ There is a potential for bruising at the site where the needle is inserted. If this occurs, it should resolve in one to two days.
- ◆ There may be slight bleeding when the needle is removed, but it is easily controlled with a little pressure using a clean cotton ball.
- ◆ There is a low risk of potential infection. Infection can occur at the site of the needle or may infect the blood. However, pre-sterilized and disposable needles and intravenous supplies are used to avoid such risk to the patient.
- ◆ An allergic reaction to a nutrient, a needle, or lidocaine (which is used occasionally to reduce pain) is a potential risk. In the event of an allergic reaction, therapeutic interventions will immediately follow to stop such a reaction. This is why it is important to inform Dr. Lane or Dr. Khalsa of any possible allergies you may have before your treatment begins.
- ◆ There is a potential to feel a warming or burning sensation at the site of the needle or in the vein in which therapy is being administered through. Please inform the doctor immediately if this occurs. This may be a normal feeling when magnesium is used in your treatment, but if you are in discomfort or distress, tell the doctor immediately.
- ◆ There is a potential for dizziness, feeling faint, or decreased blood pressure during or following your treatment due to some nutrients. Inform Dr. Lane or Dr. Khalsa immediately if you feel any of these symptoms in the slightest. Dr. Lane or Dr. Khalsa will not allow you to leave the office if such symptoms occur and will allow you to leave **only** after they have deemed it safe for you to do so. Your safety is a priority and every effort will be made to insure your safety.

I have read and understood the above information and instructions. I consent to the treatment of intravenous vitamin therapy and/or intramuscular injections by Kiera Lane, N.M.D., L.Ac. or Sarv Varta K. Khalsa, N.M.D., and understand Dr. Lane or Dr. Khalsa intends to provide top quality care.

I have read this form and agree to its contents. Yes No

Patient Signature _____ Date _____

(Signature of patient, or one parent or guardian if patient is under 18)