

Medical Associates of Princeton, LLC
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Informed Consent to Intravenous Hydration and Nutrient Therapy

The objective of this document, called the Informed Consent to Intravenous Hydration and Nutrient Therapy (IV Therapy), is to seek your permission for the IV Therapy services provided by Medical Associates of Princeton, LLC. Its purpose is to ensure that you are fully aware of the advantages and potential risks associated with IV Therapy, as well as the alternative options available. It also allows you an opportunity to inquire about IV Therapy and confirms that you are willingly giving your consent for the treatment.

The administration of all IV Therapy services is carried out by certified Nurses employed by Medical Associates of Princeton, LLC. These Nurses possess the necessary qualifications to perform IV Therapy and operate under the supervision of Dr. Nataliya Dashevsky, MD.

IV Therapy Procedure

Intravenous Therapy Procedure

- During the IV Therapy procedure, a needle is inserted into a vein, allowing a carefully prepared solution containing essential nutrients (such as vitamins, minerals, amino acids, glutathione, electrolytes, sugars, and diluents) to be slowly delivered through infusion or injection over a specific duration.
- IV Therapy serves as a method of delivering vital vitamins, minerals, and other nutrients directly into the body, bypassing the need for digestion. This approach proves beneficial in numerous situations where patients experience nutrient deficiencies, particularly in cases of reduced absorption of nutrients through the intestines.

The potential advantages of IV Therapy vary depending on the specific substance(s) being administered. These benefits encompass, but are not restricted to:

- When nutrients are directly infused into the bloodstream, they bypass any disruptions in stomach or intestinal absorption, resulting in better absorption within the body. This can be particularly advantageous for individuals facing challenges like decreased intestinal absorption of nutrients, achlorhydria, long-term use of proton pump inhibitors (PPIs), or pernicious anemia.
- IV Therapy enables the administration of higher doses of vitamins, minerals, and other substances compared to what can be achieved through oral consumption alone. Moreover, this method eliminates the potential intestinal irritation that may accompany high oral doses.

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The possible adverse effects and risks associated with IV Therapy comprise, but are not restricted to:

- Possible discomfort at the infusion site, which may include redness, bruising, swelling, burning, stinging, pain, and/or bleeding. The redness and swelling might persist for several days.
- Inflammation, tenderness, and/or swelling of the vein used for the IV Therapy infusion, which is known as phlebitis.
- Temporary metabolic disturbances that may occur, such as temporary fluctuations in blood sugar levels, temporary changes in blood pressure leading to feelings of lightheadedness or dizziness, and/or increased thirst.
- Potential infiltration or leakage of the IV Therapy solution into the surrounding tissue.
- Risk of infection at the site of the infusion.
- The possibility of nerve or muscle injury at the infusion site.
- Potential sensitivities or allergic reactions to the IV Therapy solution, including severe allergic reactions such as anaphylaxis, cardiac arrest, and even death, as can occur with any allergic reaction.

Contraindications for IV Therapy solutions may vary, encompassing, but not limited to:

- Established liver and/or kidney impairment
- Confirmed presence of heart disease
- G6PD deficiency diagnosis
- Pregnancy status

Potential Alternatives of IV Therapy include but are not limited to:

- No intervention or treatment.
- Supplementation of nutrients through oral means.
- Application of specific substances, such as B12 patches, on the skin for transdermal absorption.
- Implementing dietary and lifestyle modifications.

By signing this form, you acknowledge that you understand and agree to the following with respect to IV Therapy:

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- I am aware that unforeseeable complications could occur, and I do not expect the Nurse of Medical Associates of Princeton, LLC providing IV Therapy to anticipate all possible complications.
- I acknowledge that unforeseen complications can arise during IV Therapy, and I understand that it is not possible for the Nurse from Medical Associates of Princeton, LLC to anticipate all potential complications.
- Furthermore, I am aware that any potential side effects from IV Therapy are best addressed as they occur, and it is my responsibility to promptly inform the administering Nurse if I experience any unusual discomfort or sensations.
- I comprehend that the effectiveness of IV Therapy may not be substantiated through scientific testing or peer-reviewed publications, which could lead some physicians to consider it medically unnecessary or not the standard of medical care for most conditions.
- Non-FDA EVALUATED OR APPROVED. I acknowledge and understand that the treatments I am about to receive have not been evaluated or approved by the United States Food and Drug Administration for the diagnosis, treatment, cure, or prevention of any disease.

No Insurance Coverage: I understand this procedure is not covered by insurance and I am responsible for total payment to Medical Associates of Princeton, LLC for all such treatments.

No Guarantees: I understand that each patient responds differently to treatments and from one treatment to the next. I understand results are only temporary and regular dosing is necessary. I understand the length of time IV Therapy is needed for therapeutic benefit varies for each patient. I further understand that no guarantee can be made or is made by Medical Associates of Princeton, LLC with respect to results and length of time required for IV Therapy benefit.

Complete Medical Information:

- I acknowledge that IV Therapy may not be recommended if I have specific medical conditions, allergies, or if I am taking certain medications.
- I have provided complete and accurate information regarding my personal medical history, including but not limited to all existing health conditions, medications, herbal supplements, vitamins, and other supplements I currently use. Additionally, I have disclosed all known allergies to drugs or other substances, as well as any past reactions. I understand that failure to provide this information may have adverse effects on my treatment outcomes and the overall safety of the IV Therapy.

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Notice to All Female Clients Capable of Conceiving: I certify that I am not currently pregnant or breastfeeding.

By signing this Informed Consent for Intravenous Hydration and Nutrient Therapy, I confirm and agree that:

- I have carefully reviewed this entire Informed Consent document, either by reading it myself or having it read to me, and I comprehend and agree to the information provided.
- I have received a clear explanation about the nature of IV Therapy, including its potential risks, benefits, and alternative options. I have had the opportunity to ask any questions I had regarding the procedure, and all of my inquiries have been addressed to my satisfaction.
- I am aware that this treatment carries certain risks and possible complications, as described in this consent form. With full understanding, I willingly accept all the associated risks involved with IV Therapy and choose to proceed with the treatment.
- I hereby provide my informed consent to participate in IV Therapy under the care of a Nurse from Medical Associates of Princeton, LLC, under the supervision of Dr. Nataliya Dashevsky.

Signature of patient or responsible party

Date