



## **Intravenous (IV) Infusion Therapy**

IV vitamin infusion therapy is used in many cases to provide relief from dehydration, fatigue, chronic pain, fibromyalgia, migraine headaches, auto-immune disease, anemia and several other medical conditions. Although, intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These IV infusions are not a substitute for your physician's medical care but can be a great additive therapy for many conditions. There are a few important contraindications to this therapy that should be discussed with your provider here but overall this is a very safe therapy. We are pleased to offer it here at IMS to help improve your medical condition and overall feeling of wellbeing.

### **Available therapies:**

**Myer's Cocktail** - Delivers hydration, vitamins and minerals directly into your bloodstream to maximize your overall health and wellness. Since IV vitamin therapy bypasses your digestive system, it is also ideal for patients with malabsorption issues as a result of weight loss surgery, celiac disease, Crohn's disease or pernicious anemia – \$120

**Glutathione** – The main detoxifier of everything in our body and very good for autoimmune disease, anti-inflammation, fatigue, fibromyalgia, muscle pain, joint pain, improved skin health, enhanced athletic performance and recovery and anti-aging. Always added to a Myer's cocktail. - \$20

**Trace minerals** – Trace minerals are essential minerals that the body needs in very small amounts for optimal health. They are crucial for cellular health, hormone production, and a strong immune system. This offers a healthy boost of essential trace minerals designed to improve your overall health, immunity, and energy. Always added to a Myer's cocktail. - \$20

**Amino acids** – Amino acids enhance athletic performance and decrease muscle loss. They also work together to promote the building, healing, and repair of muscle tissue. The administration of amino acids can restore the neurochemical balance and cognitive ability affected by a concussion type injury. These basic amino acids are specially formulated to be able to penetrate and positively influence the brain. The brain can then function again much more normally, cravings disappear, stress levels become much more normal, and clarity of mind is restored. Good for stress, depression, anxiety, fatigue and muscle recovery, among other things. Added to Myer's cocktail - \$20

**Migraine headache therapy** – IV fluid, B vitamins, Toradol and Zofran. - \$100

**Extra IV fluids** – When you are really dehydrated, have a GI bug or are a little hungover. - \$20

**Exosomes** – State of the art stem cell signaling molecules for chronic pain, fatigue, fibromyalgia, autoimmune disease, nerve damage and dementia, among many other things. - \$5,500



### **Checklist of what to bring:**

- Your completed Intravenous (IV) Infusion Therapy Intake Form
- A list of all prescription medications, OTC medications, vitamins/supplements that you take
- A copy of your most recent bloodwork is helpful (if not done here at IMS)
- Your signed Consent Form
- Make sure you are well hydrated prior to your visit. We suggest drinking 1-2 16oz. bottles of water. Dehydration can make it difficult to insert an IV.
- Make sure you eat something prior to your visit. We suggest a high protein snack, such as nuts, seeds, a protein bar, cheese, yogurt or eggs. Low blood sugar can make you feel weak, light-headed or dizzy.

### **What to expect:**

During the first visit, our staff will discuss your main complaints and desired outcomes with you. They will review your medical & surgical history and any medications you are taking. Based on this assessment, your Intravenous (IV) infusion will be customized to address your individual needs. If you have any complex medical conditions, the provider at IMS may request you obtain blood work or further testing and/or your personal physician's approval prior to administering any IV infusions.

The IVs used during your Intravenous (IV) infusion therapy are exactly the same that you would find in a hospital. Instead of a clinical experience though, our IV infusions are given in a peaceful spa setting and leave you feeling calm, relaxed, and refreshed.

Depending on your customized IV cocktail, the infusion can be finished in as little as 20-30 minutes but may take up to 2 hours.

Our friendly and attentive staff will keep you calm, cared for, and comfortable during your infusion. Patients find the experience tranquil and healing. Patients leave feeling vibrant, energized, and refreshed.



## IV Therapy Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

G6PD Status (circle):      Normal      Deficient      Unknown

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your main complaints? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Fatigue or low energy                   | <input type="checkbox"/> Asthma and Allergies          |
| <input type="checkbox"/> Stress                                  | <input type="checkbox"/> Recent surgical procedure     |
| <input type="checkbox"/> Poor diet due to busy lifestyle         | <input type="checkbox"/> Recent illness                |
| <input type="checkbox"/> Brain fog or trouble concentrating      | <input type="checkbox"/> Cold or flu symptoms          |
| <input type="checkbox"/> Low mood or depression                  | <input type="checkbox"/> Facial wrinkles or fine lines |
| <input type="checkbox"/> Headaches or migraines                  | <input type="checkbox"/> Dull or dry skin              |
| <input type="checkbox"/> Weight gain or difficulty losing weight | <input type="checkbox"/> Malabsorption issues          |
| <input type="checkbox"/> Slow metabolism                         | <input type="checkbox"/> Other _____                   |

Which statements best describe why you are here today? (Check all that apply)

- I want to have more energy and feel better overall
- I want to do everything I can to nourish my body
- I want to do everything I can to enhance my weight loss efforts
- I want to prevent getting sick
- I want to recover quickly from my surgery or illness
- I want to slow the aging process
- I want to feel and look younger
- I want to have smoother, brighter and more vibrant skin
- I want to cleanse my body of toxins
- I want to recover quickly from a hangover
- Other \_\_\_\_\_



## Medical History

Are you pregnant or breastfeeding? Yes / No

Date of last chemistry screen or other lab testing \_\_\_\_\_

Have you ever been told that you have an electrolyte imbalance or other abnormal labs? (Check all that apply)

- Hypermagnesemia (High magnesium levels)
- Hypercalcemia (High calcium levels)
- Hypokalemia (Low potassium levels)
- Hemochromatosis (High iron levels)
- Other \_\_\_\_\_

Are you a diabetic? Yes / No

Do you take Digoxin (Lanoxin) for a heart problem? Yes / No

Do you take any diuretics or water pills? Yes / No If Yes, please list: \_\_\_\_\_

Do you take any steroids, i.e. Prednisone? Yes / No If Yes, please list: \_\_\_\_\_

Do you have any medication or food allergies? Yes / No If Yes, please list:

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Do you have any of the following conditions? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> High Blood pressure     | <input type="checkbox"/> Asthma                                 |
| <input type="checkbox"/> Low Blood pressure      | <input type="checkbox"/> Optic Nerve Atrophy or Leber's Disease |
| <input type="checkbox"/> Heart Problems          | <input type="checkbox"/> Sickle Cell Anemia                     |
| <input type="checkbox"/> Stroke or "mini-stroke" | <input type="checkbox"/> G6PD Deficiency                        |
| <input type="checkbox"/> Kidney Problems         | <input type="checkbox"/> Sarcoidosis                            |
| <input type="checkbox"/> Kidney Stones           | <input type="checkbox"/> Parathyroid problems (High levels)     |



## **Intravenous (IV) Infusion Therapy Consent Form**

This document is intended to serve as informed consent for your Intravenous (IV) Infusion Therapy as ordered by the provider at IMS.

(Initials)\_\_\_\_\_ I have informed the nurse and/or physician of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the nurse and/or physician of my medical history.

(Initials)\_\_\_\_\_ Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These IV infusions are not a substitute for your physician's medical care.

(Initials)\_\_\_\_\_ I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

(Initials)\_\_\_\_\_ I understand that:

1. The procedure involves inserting a needle into a vein and injecting the prescribed solution.
2. Alternatives to intravenous therapy are oral supplementation and / or dietary and lifestyle changes.
3. Risks of intravenous therapy include but not limited to:
  - a) Occasionally: Discomfort, bruising and pain at the site of injection.
  - b) Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
  - c) Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.
4. Benefits of intravenous therapy include:
  - a) Injectables are not affected by stomach, or intestinal absorption problems.
  - b) Total amount of infusion is available to the tissues.
  - c) Nutrients are forced into cells by means of a high concentration gradient.
  - d) Higher doses of nutrients can be given than possible by mouth without intestinal irritation.

(Initials)\_\_\_\_\_ I am aware that other unforeseeable complications could occur. I do not expect the nurse(s) and/or physician(s) to anticipate and or explain all risk and possible complications. I rely on the nurse(s) and/or physician(s) to exercise judgment during the course of treatment with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

(Initials)\_\_\_\_\_ I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV Infusion Therapy, including any other procedures which, in the opinion of my physician(s) or other associated with this practice, may be indicated.



My signature below confirms that:

1. I understand the information provided on this form and agree to the all statements made above.
2. Intravenous (IV) Infusion Therapy has been adequately explained to me by my nurse and/or physician.
3. I have received all the information and explanation I desire concerning the procedure.
4. I authorize and consent to the performance of Intravenous (IV) Infusion Therapy.
5. I release IMS, its providers and all the medical staff from all liabilities for any complications or damages associated with my Intravenous (IV) Infusion Therapy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Product	Lot number	Expiration	Cost	Arm: R L	G6PD Def: YES NO	Rate:
<input type="checkbox"/> Meyer's cocktail			\$120			
<input type="checkbox"/> Glutathione			\$20			
<input type="checkbox"/> Amino acids			\$20			
<input type="checkbox"/> Trace minerals			\$20			
<input type="checkbox"/> Migraine therapy			\$100			
<input type="checkbox"/> Exosomes 15mL			\$5,500			
<input type="checkbox"/> Extra IV fluid			\$20			
<b>TOTAL</b>						

  

Oral Meds:	Total time:
<input type="checkbox"/> There were no complications with the IV infusion today, including but not limited to burning, pain, swelling, hypotension, dizziness, low blood sugar or sign of allergic reaction.	
Comments:	

\_\_\_\_\_  
IV Assistant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



## **Discharge Instructions for Intravenous (IV) Infusion Therapy**

How to care for yourself after your IV Vitamin Therapy infusion:

- Apply pressure to site for 2 minutes after IV has been removed
- Keep Band-Aid in place for 1 hour
- Warm packs and elevating your arm can be used for any bruising at the site
- Cold packs can be used for pain relief and to decrease any swelling at the site
- Any swelling should be significantly reduced in 24 hours

Patients commonly report one of two patterns after an IV Vitamin Therapy infusion:

- Patients generally feel better right away. Due to a busy lifestyle, many people are chronically dehydrated and deficient in vitamins and minerals causing them to not feel well. Once the patient is hydrated and the nutrients are replaced, their symptoms improve quickly.
- Patients sometimes feel tired or unwell. These patients are generally in the process of detoxifying. When toxins are pulled out of tissues, they re-enter the blood stream. They remain poisons, but they are now on their way OUT instead of on their way IN. Even when patients do not feel well at this stage, the process is one of healing and cleansing. After this period, an overall improvement in one's sense of well-being is generally reported.

How often will I need IV Vitamin Therapy infusions? The number and frequency of treatments will vary depending on certain factors.

- Condition(s) being treated
- Current health status of the patient
- Response of the patient to the treatments

A general estimate of the number of treatments needed is discussed during the first visit. As we go along, we will develop a more specific treatment plan. Most patients will require at least 5-10 treatments. Depending on the response, some patients will then go on to maintenance therapy with occasional treatments.

Call IMS or your Primary Care Physician for:

- Any symptoms you are not comfortable with
- If any of the following are progressively worsening after your IV infusion:
  - Significant swelling over the IV site
  - Redness over the vein that is increasing in size
  - Pain in the vein/arm that is not improving over an 8-12 hour period
  - Headache that does not resolve with increased hydration or over-the-counter pain relievers like aspirin, Acetaminophen or Ibuprofen.

**If you feel like you are having a  
life-threatening emergency, please call 911.**