



NUTRITIONAL THERAPY CONSENT FORM

I, _____, hereby give consent to Cardea Health Integrative to perform intravenous Nutritional therapy which includes multiple vitamins and minerals mixed in a sterile-water based solution. This IV is administered over approximately a 2-hour time period, and helps to bring nutrients to the cells at the cellular level.

I have been informed that it has not been reported to be harmful or dangerous when used in concentrations or dosages employed by this clinic.

I understand that there is a possibility of sensitivities to certain vitamins and some additives that may include headaches and/or stomach upsets.

While I understand that there have been no warranties, assurances or guarantees of successful treatment made to me, I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversations with the treating physician and through materials provided to me by the office to educate me about the treatment. I acknowledge that I have had the opportunity to ask any questions of the physician with respect to the proposed therapy and the procedure to be utilized and all of my questions have been answered to my full satisfaction. I release Dr. Jennings and Cardea Health Integrative from any legal responsibility for harm resulting from its use in my case. My signature on this agreement will constitute a full and final release of Dr. Jennings' legal responsibility resulting from the administration of Nutritional therapy and/or any other medical treatment, which may be necessary as a result thereof.

I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under care of Nutritional Therapy, and agree to the above release.

Date: _____ PATIENT SIGNATURE: _____