



**Consent to Intravenous Therapy:** I consent to all intravenous therapy procedures rendered by the doctor(s) who are now or will in the future treat me while employed by or associated with this practice. I understand that there are risks to intravenous therapy including but not limited to pain, bruising, inflammation, injury, infection, allergic reaction and metabolic disturbances. I do not expect the doctor(s) to anticipate and or explain all risk and possible complications. I rely on the doctor(s) to exercise judgment during the course of treatment with regards to my procedure. I intend this consent to cover the entire course of treatment for my present condition and any future conditions for which I seek treatment.

\_\_\_\_\_(initial) I understand that injection therapies provided may not be approved by the United States Food and Drug Administration for the treatment of my medical condition.

**Consent to Intramuscular Injections** I consent to all injection procedures rendered by the doctor who are now or will in the future treat me while employed by or associated with this practice. I understand there are risks to injections including but not limited to **severe pain**, bruising, inflammation, injury, numbness, allergic reaction and infection. I do not expect the doctor to anticipate and or explain all risk and possible complications. I rely on the doctor to exercise judgment during the course of treatment with regards to any procedure. I intend this consent to cover the entire course of treatment for my present condition and any future conditions for which I seek treatment.

\_\_\_\_\_(initial) I understand that injection therapies provided may not be approved by the United States Food and Drug Administration for the treatment of my medical condition.

DOB: \_\_\_\_\_

I have read, understand and agree to all of the above initialed policies.

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date