

# Visceral Synergy & Advanced Immune Wellness

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## INFORMED CONSENT FOR INTRAVENOUS THERAPY TREATMENT

I, \_\_\_\_\_, hereby authorize the physician, Ron Mariotti, ND, to perform the following IV procedure: \_\_\_\_\_ on myself.

1. You have the right to be informed of the procedure that is being recommended, any feasible alternative options, as well as the risks and benefits of this treatment.
2. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.
  - a. The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by your physician.
  - b. Alternatives to intravenous therapy is oral supplementation and/or dietary and lifestyle changes.
  - c. **Risks of intravenous therapy include:**
    - i. Discomfort, bruising and pain at the site of injection.
    - ii. Inflammation of the vein used for injection, phlebitis.
    - iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
  - d. **Benefits of intravenous therapy include:**
    - i. Injectables are not affected by stomach or intestinal disease.
    - ii. Total amount of infusion is available to the tissues.
    - iii. Nutrients are forced into the cells by means of a high concentration gradient.
    - iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
3. You have the right to consent to or refuse any proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above as well as any other or further procedures which, in the opinion of your physician, may be indicated.
4. The procedure will be performed by or under the direction of the physician named above with qualified medical assistants.
5. **Notice to pregnant women:** All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

I recognize that if I withhold information, specifically requested by Dr. Mariotti I will be impeding his ability to provide me with the best possible care.

In addition to the above I understand that if I need to cancel an IV appointment I am required to give at least 48 hours notice otherwise I will be required to pay a \$90 cancellation fee. If I arrive at my appointment but am not, for whatever reason, able to receive my IV I understand that I will be charged for the IV fluids as well as a \$90 office fee. If I arrive late for my IV appointment I understand that I run the risk of not receiving my IV as well as being required to pay for the IV fluids in addition to an office fee of \$90.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Ron Mariotti regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Insuring that you receive quality pharmaceuticals is one of my highest priorities as a physician.

You should know that whenever possible I always use commercially available drugs that have been manufactured by a U.S. Food and Drug Administration (FDA) inspected company. Commercially available drugs have been manufactured to meet Federal Good Manufacturing Practices regulations.

At times, I may need to use a drug compounded by a pharmacy because of a manufacturer back order situation or because I have determined that none of the commercially available drugs are appropriate for your condition.

When this occurs, it is of utmost importance that I order compounded drugs from a pharmacy that has proven to me that they consistently produce the highest quality possible. Consequently, I have chosen to use McGuff Compounding Pharmacy Services.

McGuff Compounding Pharmacy Services possess the following qualification:

- Accredited by the Pharmacy Compounding Accreditation Board (PCAB).
- Independently inspected and certified to meet the [International Organization for Standardizations for Quality Systems \(ISO 9001-2008\)](http://www.iso9001.com).
- Compliant with [United States Pharmacopeia](http://www.fda.gov/cder/rdmt/standards/USPharmacopeia) Chapters <795>, <797> and <1075> for Pharmaceutical Compounding Standards.
- Facility is state-of-the-art with modern equipment and technology.
- Team of pharmacists is highly-trained and knowledgeable and can handle your orders and questions efficiently.
- Special California License to compound sterile injectables.
- Licensed in every state that requires a non-resident pharmacy license.

You may review McGuff Compounding Pharmacy Services by visiting their website at [mcguffpharmacy.com](http://mcguffpharmacy.com).

Original to Chart

Copy to Patient if requested

