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Consent for Intravenous Therapy and Injection Procedures

Consent to Injection Procedures:

I, _____, consent to all injection procedures rendered by the physician who is 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 risks and possibly complications with each injection. I rely on the doctor to exercise judgement 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 nay future conditions for which I seek treatment. _____ (initial)

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 risks and possible complications with each procedure. I rely on the doctor(s) to exercise judgement 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)

For clients with PORTs and PICCs only:

_____(initial) I have a direct venous access device (i.e. central access line/port or PICC line, etc.), and I consent for its use during the administration of Intravenous Therapy at this clinic by physicians and/or trained medical staff who have been educated in this procedure.

This consent will be in effect until revoked in writing by me.

I certify that I have read, understand, and agree to the above.

Patient's Printed name

Legal Guardian/Parent's Printed Name

Signature

Date