

IV Meyer's Consent

IV MEYER'S SHOULD NOT BE USED UNTIL THERE HAS BEEN A COMPLETE PRESENTATION OF THE NATURE OF THE PROCEDURE, EXPECTED BENEFITS, MATERIAL RISKS, MATERIAL SIDE EFFECTS, ALTERNATIVE COURSES OF ACTION, LIKELY CONSEQUENCES OF NOT HAVING THE PROCEDURE AND WRITTEN INFORMED CONSENT HAS BEEN OBTAINED.

IMPORTANT INFORMATION AND WARNING

The following points of information, among others, have been presented and made clear and I have had the opportunity to ask any questions concerning this information:

1. I, _____ (name) understand that IV MEYER'S is administered intravenously as therapeutic levels of the vitamins and minerals cannot all be achieved through oral administration. I understand that IV MEYER'S has been approved by the Food and Drug Administration and Health and Welfare Canada for use as an IV supplement.
2. I understand that the benefits of IV MEYER'S include boosting energy, correcting deficiencies, treating current and recurrent infections, asthma, migraines, fibromyalgia, fatigue, muscle spasms, chronic sinusitis, seasonal allergic rhinitis, cardiovascular disease and other disorders.
3. I understand that IV MEYER'S is relatively safe. The risks include hemolysis in G-6-PD deficiency.
4. I understand that side effects of IV MEYER'S include falsely elevated fasting blood glucose readings within 4 hours of treatment. Accordingly, people with diabetes should check their blood glucose before starting their IV. Other side effects include light headedness or syncope (fainting). I understand this can be avoided with a slower administration of the therapy.
5. As with all IVs and injections there is always the possibility of pain, infection and even death.
6. I understand the alternative courses of action include to do nothing, to continue with current procedures and services, ozone, IV laser, external laser, PEMF therapy, diet, supplementation and pharmaceuticals.
7. I understand the likely consequences of not having this procedure include no change in my existing condition, poorer health and decreased quality of life.
8. I consent to have my file accessed by Dr. Micheal Prytula, ND Psc. D, Dr. Mike UM, ND, Psc. D, HBSc. and all staff at Nature Medicine.

I now authorize Dr. Michael Prytula, ND, Psc. D, Dr. Mike Um, ND, Psc. D, HBSc. and the staff at Nature Medicine to start my IV MEYER'S procedure: OR if IV MEYER'S has already begun, to continue with it.

CONSENT: _____ Print Name: _____

Name: _____ Date: _____
(Signature)

Address: _____ Telephone Number: _____

STAFF OR DOCTOR'S STATEMENT: I have fully presented to, _____. The nature and purpose of the IV MEYER'S and the potential risks associated with it. I have asked if he/she has any questions regarding IV MEYER'S and have answered those questions to the best of my ability.

Staff or Doctor's Signature

Date