

INFORMED CONSENT: Intravenous Glutathione Age Management of West Michigan

I, _____ (DOB: ___/___/____) consent to treatment with Glutathione by Age Management of West Michigan. In as much as I have indicated a desire to undergo intravenous treatment with Glutathione, the method of administration, the mechanisms of action, the purposes for its administration in my particular case; its potential for benefit, and its potential for harmful side effects have been fully explained to me by the medical staff at Age Management of West Michigan by direct discussions and/or written documentation. It is now my purpose to stipulate my full and complete understanding with reference to therapy, and to remove any legal liability on the part of the physician and AMWM staff in the event this treatment is unsuccessful.

Glutathione is one of the most important antioxidants in the body and is prevalent in every cell and is involved in many important biochemical reactions in the body. It is primarily made in the liver and its levels fall as the body ages. Many factors decrease glutathione like viruses, toxins, poor nutrition, stress, illness, heavy metals, chemical exposure, surgery, acetaminophen use, sun damage, protein deficiency, weight loss, cancer, chemotherapy, and radiation therapy.

Glutathione prevents free-radical damage to cellular DNA with the capacity to decrease mutation and cancer initiation through its powerful immune-boosting, anti-inflammatory and detoxification properties. It is able to induce apoptosis in malignant cells and regenerate other antioxidants like Vitamin E & C. It has a strong ability to protect organs and tissues against the toxic effects of chemotherapy and radiation and has also been shown to reverse resistance to chemotherapy.

There are thousands of references in the medical literature regarding glutathione. Many describe the benefits in cancer therapy, neurodegenerative brain disease, cardiovascular disease, kidney disease, liver disease, and many other degenerative conditions involving free radical formation. Glutathione's value is not expressly recognized by the United States Food and Drug Administration (FDA) and its use in medical treatment, either orally or by intravenous injection, is considered nonstandard treatment by the medical community with the exception of some physicians who practice integrative, functional or nutritional medicine.

Potential Risks, Adverse Reactions and Contraindications:

Like any treatment, infusion therapy carries some risk of side effects. While adverse events are unusual, I understand that I could experience side effects, some of which are common such as discomfort at the infusion site or temporary bruising. Temporary discoloration and slight blistering may occur at the site of injection; all usually heal quickly. Thrombophlebitis, an inflammation of the vein, may also occur and could require treatment such as hot packs and bed rest. Sometimes blood may become trapped at the injection site; this is an anticipated occurrence and can easily be removed by your practitioner. Infection is also a remote possibility with any invasive procedure.

While Glutathione is a natural substance that is nontoxic, all treatment substances pose some risk of allergic reactions. Allergic reactions to the infusion substances are unusual and are usually restricted to the injection site. Glutathione is not administered while a person is receiving chemotherapy since it may cause the chemotherapy to be less effective since glutathione increases the liver's ability to process chemicals.

I understand that, as with any health treatment, there is no guarantee that I will obtain satisfactory results. If I am being treated for a medical condition, or have symptoms which suggest a medical condition may be present, I have been informed that it is in my best interest to discuss potential alternative methods of treatment for my condition with my primary care physician or an appropriate specialist before as well as during the course of treatments. I understand the use of this procedure does not preclude me from using other treatments as well, though I recognize that I should inform any practitioners I am seeing about the various treatments I am using.

Insurance companies are likely to consider this therapy to be non-covered as an experimental therapy, or to deny claims for this therapy as non-standard care or as not medically necessary. I understand that I am financially responsible for this therapy even if my insurer denies the claim for any reason.

I hereby consent to IV Glutathione therapy and certify that I understand the nature of this treatment, including the risks of possible complications and choices I may have about other approaches, and I assume those risks about which I have been informed. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking treatment in order to further my own health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and stop treatment at any time.

Age Management of West Michigan cannot offer this procedure to you except upon the condition that you release Age Management of West Michigan and its physicians and staff from any legal responsibility for harm resulting from the use of Glutathione and your signature on this informed consent will constitute a full and final release of our medical-legal responsibility resulting from the administration of Glutathione.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____