

INFORMED CONSENT: Intravenous Myers Cocktail Age Management of West Michigan

I, _____ (DOB: ___/___/____) consent to treatment with administration of Myers Cocktail Infusion by Age Management of West Michigan. In as much as I have indicated a desire to undergo intravenous treatment with Myers Cocktail, 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.

The IV Myers Cocktail or nutritional therapy was invented by Dr. John Myers from Baltimore Maryland as a part of treatments for a vast array of medical conditions. It contains quality vitamins and minerals which are the main vitamins required for supporting a vast array of physiological mechanisms including the adrenal glands and immune system. Some conditions that we recommend the Myers Cocktail for include: fatigue, asthma, stress, IBS, inflammation, headaches, allergies, fibromyalgia, anxiety, depression, sleep disturbance, and heart disease to name a few.

While the value of the Myers Cocktail Infusion in the diet has been noted in scientific monographs, its value is not expressly recognized by the United States Food and Drug Administration (FDA) and its use in medical treatment 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 the Myers Cocktail Infusion is comprised of natural substances (Sterile water, Vitamin B1,B2,B3,B5,B6,B12,Ascorbic Acid, Magnesium Chloride, and Calcium Gluconate) that are 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. Some patients may experience a sense of warmth beginning in the chest and may spread to lower body. This is due to the Magnesium. You may also experience the taste of vitamins in your mouth during the treatment. Other side effect may occur (but are not limited to): dizziness, headaches, slight decrease in BP, and bleeding/irritation at IV site.

In addition to discussing other modes of therapy that may be used for the treatment of my condition, my physician and I have discussed and I understand the possibility of a referral to a specialist in my condition(s) if I have not already consulted with an appropriate specialist.

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 Myers nutritional 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 IV Myers Infusion and your signature on this informed consent will constitute a full and final release of our medical-legal responsibility resulting from the administration of IV Myers Cocktail.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____