



2211 CORINTH AVENUE, SUITE 204 • LOS ANGELES, CA 90064

TEL: (310) 966-9194 • FAX (310) 966-9196 - WWW.DRRACHELWEST.COM

Informed Consent for Intravenous and Intramuscular Nutritional Therapies

I give Dr. Rachel West, Inc. as well as the Staff at her Office, Longevity Medical Center, permission to perform single or recurring intravenous and intramuscular Nutritional Therapy (“NT”). I am executing this consent to confirm my understanding of the risks, benefits, and alternatives to treatment with NT.

1. Benefits of intravenous and intramuscular Nutritional Therapy

Intravenous and intramuscular Nutritional Therapy (NT) is used for a variety of conditions which include but are not limited to dehydration, vitamin, mineral and amino acid deficiencies, malabsorption, acute or chronic viral conditions, immune deficiencies, persistent fatigue, brain fog and exposure to chemicals and heavy metals. The various NT protocols are provided to me according to the guidelines established by the American College of Advancement in Medicine (ACAM), the American Academy of Environmental Medicine (AAEM), and other professional organizations.

NT consists of the application of vitamins (e.g. B1, B2, B5, B6, B12, B complex, C, D), minerals (e.g. magnesium, calcium, sodium, zinc, selenium, trace minerals), amino acids (e.g. taurine, glutathione), anti-oxidants (e.g. Alpha Lipoic Acid) and nutrients (e.g. phosphatidylcholine).

IV Therapy is not affected by stomach or intestinal disease; the total amount of infusion is available to the tissues; Nutrients are forced into cells by means of a high concentration gradient, higher doses of nutrients can be given than possible by mouth without intestinal irritation. NT should not be taken on an empty stomach.

I understand that Dr. West makes no representations, claims or guarantees that my medical problems or conditions will be helped by undergoing NT.

2. Risks of intravenous therapy include, but are not limited to:

Discomfort, bruising or pain at the injection site; skin rash; nausea; dizziness; fatigue; feeling lightheaded, flushing; headache; infection; lowering of blood sugar levels (hypoglycemia); lowering of blood pressure; inflammation of the veins (thrombophlebitis); inflammation of the vein used for injection and/or phlebitis allergies including life threatening anaphylactic reactions, severe allergic reaction, anaphylaxis, cardiac arrest and/or death.

A common objection against NT is that a patient might delay or forego undergoing a generally accepted medical treatment.

In case of cancer and other life-threatening disease, I understand that NT is best used as an adjunct to the therapy recommender by my oncologist or specialist.

Your signature below means that:

- You understand the information provided on this form and agree to the foregoing.
- The procedure(s) set forth above has been adequately explained to you by your physician.
- You have received all the information and explanation you desire concerning the procedure.
- You authorize and consent to the performance of the procedure(s).

Printed Name: _____

Signature: _____ Date: _____