



## IV CONSENT FORM

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### **PARTICIPANT RISK:**

I understand that participating in intravenous (IV) hydration, vitamin/supplement administration, pharmaceutical administration, programs and services made available by **Macro Med** carries risks.

I ACKNOWLEDGE AND AGREE THAT THE SOLE RISK OF INJURY OR HARM RESULTING IN ANY MANNER FROM MY CHOOSING TO PARTICIPATE IN SUCH REGIMEN, PROGRAMS AND SERVICES RESTS ENTIRELY WITH ME **TO THE EXTENT THAT I DO NOT DISCLOSE MY HEALTH CONDITIONS, MEDICATIONS OR DRUG USE IN ADVANCE.**

I expressly represent and warrant to **MACRO MED** that I have never been diagnosed with nor treated for any diseases, illnesses or conditions which may result in increased risk when I participate in regimens, programs or services made available by **Macro Med**, and **I am not choosing to participate with any expectation that Macro Med will screen for, diagnose, monitor or otherwise provide any care or treatment for such conditions.**

I acknowledge and understand that **Macro Med** is relying upon the foregoing representations and warranties from me upon **Macro Med's** acceptance of me for participation in its Nutri-drip IV hydration, programs and services.

- **RISKS INCLUDE THE FOLLOWING:**

- INJURY, BLEEDING, INFECTION, INFLAMMATION/SWELLING, BRUISING OR SCARRING RESULTING FROM IV INFILTRATION, EXTRACTION AND EXTRAVASATION
  - MISPLACEMENT OF IV LINES IN THE BODY
    - AIR EMBOLISM
    - FLUID OVERLOAD
  - MEDICATION ADVERSE INTERACTIONS
    - NERVE INJURIES

- LIGHTHEADEDNESS OR FAINTING

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**WARNING!**

**YOU EXPRESSLY REPRESENT AND WARRANT TO MACRO MED THAT YOU ARE NOT A USER OF ILLEGAL DRUGS AND/OR CONTROLLED SUBSTANCES AND ARE NOT UNDER THE INFLUENCE OF SAME OR RECOVERING FROM USE OF SAME AT THE TIME OF THE PROVISION OF SERVICES TO YOU.**

**IN THE EVENT OF AN EMERGENCY, CALL 911 OR PROCEED TO THE NEAREST EMERGENCY ROOM.**

**ACKNOWLEDGMENT:** I confirm that I have read this form and fully understand its contents. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the sessions and programs offered by **Macro Med**. I understand the nature of the sessions and programs and that participating in them carries risks. I have been given an opportunity to ask questions, and all of my questions have been answered fully and to my satisfaction. I agree to my assumption of all risks associated with my participation.

\_\_\_\_\_  
**Participant's Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant's Signature**

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