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CONSENT FOR I.V. THERAPY

The I.V. Vitamin C offered has been explained to me by the doctor and/or staff. I understand that this procedure is not considered "routine and customary." However, I feel that it may be beneficial in my particular case, and I give my consent to the administration of the I.V. Vitamin C.

Patients who are candidates for I.V. C treatment should NOT have the following conditions:

- Diabetes (uncontrolled)
- Kidney disease or nephritic syndrome (acute/silent)
- Reduced kidney function
- Urinary tract infection
- History of anemia due to G-6-PD deficiency

Signature _____ Date _____

Witness _____