



BEE BEAUTIFUL IV THERAPY AFTERCARE AND CONSENT FORM

Treatment Indications

Our Beauty Therapy is formulated with select vitamins that supplement your hair and skin, making them stronger and giving them a healthier appearance. This treatment is loaded with IV, electrolytes, B-complex vitamins, Vitamin C, and Biotin which will make you look and feel your best. Free radicals and toxin buildup can lead to dull-looking skin, hair, and nails. IV therapy naturally cleanses your body and removes toxins to give your skin a youthful and rejuvenated appearance.

Review of Facts and Ingredients

- Ascorbic Acid, also known as Vitamin C, is a powerful Antioxidant that plays an important role in the body. This high concentration of Ascorbic is the ultimate immune system enhancer designed to help maintain a healthy immune response. High-dose Vitamin C may help aid the body in: Supporting various cellular functions of both the innate and adaptive immune system, protecting the body's cells from damage, maintaining the health of skin, teeth, bone, cartilage, and blood vessels, and helping improve brain function.
- Biotin Also known as vitamin H which helps the body convert food into energy. Biotin helps keep your skin, hair, eyes, liver, and nervous system healthy. Biotin is also a crucial nutrient during pregnancy, as it's important for embryonic growth.
- Vitamin B complex - whether its thiamine (B1) keeping breakouts at bay or pantothenic acid (B5) maintaining moisture, B complex vitamins take care of many of your skin's needs. Riboflavin (B2) aids cell turnover and collagen maintenance, protecting skin structure and integrity while also speeding up wound healing. Niacin (B3) is a skin-conditioning powerhouse by treating dermatitis, acne, rosacea, eczema, dry and sun-damaged skin, and hyperpigmentation while also targeting fine lines and wrinkles. Even B6 joins in by reducing stress and improving sleep to improve cell regeneration and preventing premature aging.

Procedural Description

The provider will disinfect the injection site and place a needle directly in a vein. The IV will typically be placed in the arm, but it is possible to be placed elsewhere. The needle is used to place the IV catheter, which is essentially a straw left in the skin during the infusion. The needle is removed once the catheter is accurately placed and before the infusion begins. Once the IV is inserted, the provider will begin the IV therapy infusion. The fluid drips through the catheter and enters your body. Once inside your body, the fluid from the IV bag is absorbed directly into the bloodstream. This method typically delivers medication faster than oral administration. During IV therapy, you need to keep still, so you do not disturb or dislodge the catheter. Aside from that, you can read, watch television or browse on your phone during the process.

Contraindications

Ascorbic Acid should not be given to diabetics, patients prone to recurrent renal calculi, those undergoing stool occult blood tests, and those on sodium-restricted diets or anticoagulant therapy should not take excessive doses of vitamin C over an extended period of time.

Pre-Treatment Instructions

1. Hydrate.

You are asking yourself why – won't the IV rehydrate me? The minerals and vitamins infused via IV are dehydrating at the cellular level and your body will be more responsive if you are hydrated prior to starting the IV. Also, if you are low on fluids the veins in your arms will be smaller and they tend to hide on us when we are looking for the best site to start your IV. Your response to the IV and finding a vein will be improved by drinking a few glasses of water before your appointment.

2. Eat.

We ask that you eat prior to your appointment time – make sure protein is part of the meal/snack. Some of the vitamins and minerals can cause nausea if infused on an empty stomach.

3. Relax and breathe.

Once you are seated in the recliner chair waiting for your IV to begin, take a few minutes to relax. Close your eyes and take 5 deep breaths in and out. Count slowly to 5 on the inhale and exhale. This will help release any nervous tension and prepare you for your treatment.

4. Wear comfortable clothes.

No need to dress up for your IV! We recommend a short sleeve top or sleeves that can be rolled up above the elbow. And wear those comfy pants and socks – especially if you have a tendency to get cold. We have comfy blankets for you to stay warm if needed.

Post-Treatment Instructions

Check the area for bruising or swelling for a few days after you get home. If you have bruising or swelling, put ice or a cold pack on the area for 10 to 20 minutes at a time. You can shower or bathe as usual. Be gentle using the area around the IV site for a day or two. But you should be able to do your normal activities. Please call Honey Skincare Studio if you experience the following:

Signs of Infection:

- Increased pain
- Swelling
- Warmth
- Redness
- Red streaks leading from the area
- Pus draining from the area
- Fever
- You notice a lump at the IV site
- You notice new or worse bruising at the IV site

Post-Infusion Side Effects:

- Headache
- Constipation
- Weakness
- Tiredness
- Chills
- Drowsiness
- Bruising at the injection site

Side Effects of Ascorbic Acid:

- Nausea
- Vomiting
- Heartburn
- Stomach cramps
- Headache

Intravenous (IV) Infusion Therapy Consent Form

This document is intended to serve as informed consent for your Intravenous (IV) Infusion Therapy as ordered by the medical provider at Honey Skincare Studio.

(Initials)_____ have informed the medical provider at Honey Skincare Studio of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the provider of my medical history.

(Initials)_____ Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These IV infusions are not a substitute for your physician's medical care.

(Initials)_____ I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

(Initials)_____ I understand that:

- The procedure involves inserting a needle into a vein and injecting the prescribed solution over a determined period of time.
- Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
- Risks of intravenous therapy include but are not limited to:
 - Occasionally: Discomfort, bruising, and pain at the site of injection.
 - Rarely: Dizziness, muscle cramps, lightheadedness, inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
 - Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest, and death.
- Benefits of intravenous therapy include:
 - Injectables are not affected by stomach, or intestinal absorption problems.
 - 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.

(Initials)_____ I am aware that other unforeseeable complications could occur. I do not expect the nurse(s) and/or physician(s) to anticipate and or explain all risks and possible complications. I rely on the providers to exercise judgment during the course of treatment with regard to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that I have the right to be informed during the procedure and know what the risks and benefits are. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and give my informed consent.

(Initials)_____ I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV Infusion Therapy, including any other procedures which, in the opinion of my physician(s) or others associated with this practice, may be indicated.

(Initials)_____ I understand that I must give at least 24-hour notice of intent to cancel or reschedule my appointment. I understand that I will incur the full fee for treatment, regardless of the amount used due to wasted materials.

WRITTEN CONSENT

My signature below confirms that:

- I understand the information provided on this form and agree with all statements made above.
- Intravenous (IV) Infusion Therapy has been adequately explained to me by the provider.
- I have received all the information and explanation I desire concerning the procedure.
- I authorize and consent to the performance of Intravenous (IV) Infusion Therapy.
- I release Honey Skincare Studio and all the medical staff from all liabilities for any complications or damages associated with my Intravenous (IV) Infusion Therapy.

PRINTED NAME:

SIGNATURE:

DATE:
