

THE DRIP

Mobile IV Infusion Therapy 

DATE: _____

CLIENT NAME: _____

DOB: _____

MENU:

- QUENCH:** Saline Solution + Trace Minerals
- THE HANGOVER:** Zofran, Vitamin C, B Complex, Magnesium, Zinc, Manganese, Copper, Selenium
- ENERGIZE:** B Complex, Glutamine, Arginine, Ornithine, Lysine, Citrulline, Carnitine
- THE MAX:** Vitamin C, B Complex, Glutamine, Arginine, Ornithine, Lysine, Citrulline, Carnitine, Magnesium, Zinc, Manganese, Copper, Selenium
- GLOW:** Vitamin C, Olympia Vita Complex, Biotin
- IMMUNITY:** Vitamin C, B Complex, Zinc
- RELIEF:** Calcium Chloride, Magnesium Chloride, Olympia Vita Complex, Hydroxocobalamin

ADD ON:

- ZOFRAN (anti-nausea) TORADOL (anti-inflammatory) Any contraindications? YES NO
- B12 INJECTION Glutathione Add'l 2500mg Vit C COVID-19 Antibody Vaccine

The Drip provides intravenous and intramuscular treatments. Licensed medical personnel administer both intravenous and intramuscular injection therapies. As a client, you have the right to be informed of the procedure as well as the risks and benefits of the procedure. You or The Drip personnel may refuse treatment at any time.

- Intravenous Therapy involves inserting a needle into your vein and injecting the formula described above by a Registered Nurse.
- Intramuscular Injection involves injecting medications or vitamins into the muscle
- Risks of Intravenous Therapy include but are not limited to:
 - Discomfort, bruising, bleeding and pain at the site of injection
 - Inflammation of the vein used for injection (phlebitis)
 - Severe allergic reaction, anaphylaxis, cardiac arrest
 - Possibility of infection, blood clot, leakage of IV fluid into tissue
- Risks of Intramuscular Injections but are not limited to:
 - Bruising and/or tenderness at the injection site
 - Allergic Reaction
 - Infection
- Benefits of Intravenous and Intramuscular treatments include:
 - Hydration and detoxification
 - Enhanced cellular health
 - Restoration of depleted vitamins and minerals
 - Immune system support



CLIENT NAME: _____

DOB: _____

Your signature below means that:

- You understand the information provided on this form and agree to the foregoing.
- The procedure(s) set forth above have been adequately explained to you by a Registered Nurse.
- You have received all the information and explanation you desire concerning the procedure
- You authorize and consent to the performance of the procedure(s)
- You understand at any point the Registered Nurse may refuse treatment if it has been determined you are overly intoxicated and/or showing any signs of distress.
- You understand that these statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose treat, cure or prevent any disease.

Client Signature

Date

RN Printed Name

Signature

Date