

Antioxidant Deluxe and Express Infusion Consent Form

Introduction

Antioxidant Deluxe and Express infusions provide essential nutrients to help your body fight damage from free radicals, support energy production, and promote overall health. These infusions can be beneficial for various conditions and during periods of high physical or emotional stress.

Recommended Uses

- Elevated Oxidative Stress Markers
- Elevated Inflammation Markers
- Surgical Recovery
- Injury Healing
- Periods of high physical or emotional stress
- Radiation or Chemotherapy Recovery
- Conditions involving oxidative stress, such as macular degeneration

How to Prepare for Your Infusion

1. Dietary Preparation

- Do not fast before your infusion. Eat a high protein and/or high fat snack or meal before your infusion.
- If you are diabetic, do not take blood glucose-lowering agents, including insulin, before the infusion.
 - Metformin may be taken, but dosage adjustments may be necessary after the infusion. Monitor your blood sugar levels closely.

2. Laboratory Tests

- Laboratory tests are recommended for ongoing care. If you have recent lab results, please bring them with you.
- If you are interested in new laboratory tests, please mention this during your consult or prior to your visit.
- **Note that insurance coverage for lab work is not guaranteed, and you may be responsible for the cost.**

Contraindications

- Allergies: Please let staff know if you are allergic to any components of the infusion or have had a reaction in the past.
- Sulfa Allergy: Patients with may feel worse temporarily after administration of glutathione. Dosage can be adjusted based on your feedback.
- Surgery: Avoid Ascorbic Acid within one week of planned surgery.
- Fluid overload: Inform the staff if you have a history of heart failure or other conditions that might be exacerbated by fluid overload.

What to Expect (Upon Arrival and During the Infusion)

1. Vital Signs Monitoring
 - Your vital signs will be checked before and after the infusion to ensure your safety and monitor any changes.
2. Blood Glucose Monitoring
 - Your blood sugar will be checked in the facility prior to the infusion. If you are diabetic, pre-diabetic, or have metabolic syndrome, this is particularly important.

Side Effects and Precautions

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- Hypoglycemia may occur due to increased insulin sensitivity. If you experience symptoms of hypoglycemia, such as dizziness, sweating, confusion, or weakness, please inform the staff immediately.
- Thiamine deficiency due to increased glucose metabolism may occur with ALA use. It is recommended to take a B-complex vitamin if receiving infusions regularly.
- Copper replacement may be needed if receiving ALA infusions routinely. Monitor for possible copper deficiency with long-term use. Common signs and symptoms of copper deficiency include fatigue and weakness, frequent sickness, weak and brittle bones, problems with memory and learning, difficulties walking, increased cold sensitivity, pale skin, premature gray hair, and vision loss.
- Possible side effects include mild discomfort at the injection site, mild nausea, or temporary feeling of weakness.
- Monitor your IV site for signs and symptoms of infection, such as increasing redness, warmth, or purulent discharge. Expect your bandage to have clear blood-tinged fluid on the day of your infusion, but it should be mostly healed by the following day.

Disclaimer

The recommended uses and potential benefits of these protocols are based on current research and clinical experience. However, these statements have not been evaluated by the Food and Drug Administration (FDA). The protocols described are not intended to diagnose, treat, cure, or prevent any disease. Individual results may vary, and it is important to consult with your healthcare provider before starting any new treatment, especially if you have existing health conditions or are taking other medications. The information provided is for educational purposes only and should not be construed as medical advice.

Acknowledgement

By signing below, you acknowledge that you have read and understood the preparation instructions for Antioxidant Deluxe and Express infusions and agree to follow the guidelines provided.

Name: _____

Date: _____

Signature: _____

Please bring this signed form with you to your appointment. If you have any questions or concerns, feel free to contact our clinic before your scheduled infusion.

Thank you for your cooperation.