



## REQUIRED DISCLOSURE FOR INTRAVENOUS VITAMIN C

PATIENT NAME: \_\_\_\_\_ AGE/SEX: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

Intravenous Vitamin C is not incorporated in the traditional 'standard of care' modalities generally utilized in the practice of medicine. Since extensive conventional studies have not been conducted, this treatment modality must be considered experimental. Because of this experimental status, it is important that you read, understand, and initial each of the ten points described below (a – j). Please feel free to ask any questions you may have.

My doctor, Dr. Kristi Wrightson, has explained to me and I fully understand:

- (a) that the use of the proposed therapy, Intravenous Vitamin C, is experimental and not part of conventional medical treatment for any condition I have or which I might have. Initial \_\_\_\_\_
- (b) Even its advocates do not recommend Intravenous Vitamin C for digestive problems, kidney failure, liver failure, impotence, or any life threatening disorder. In fact, whatever the problem, your best course is to seek conventional diagnosis and treatment first, seeking symptomatic relief through Intravenous Vitamin C only if other alternatives fail. Initial \_\_\_\_\_
- (c) That the FDA has not approved the labeling of the Intravenous Vitamin C procedure proposed to be used for the purpose of treating my condition. Initial \_\_\_\_\_
- (d) That it has not been established through controlled trials accepted by the California Medical Examining Board that Intravenous Vitamin C will properly treat or have any effect upon my condition. Initial \_\_\_\_\_
- (e) That the federal government and most insurance companies do not pay for or reimburse for Intravenous Vitamin C treatment. Initial \_\_\_\_\_
- (f) That the California Medical Examining Board has not approved, and does not approve Intravenous Vitamin C. Initial \_\_\_\_\_
- (g) That the California Medical Examining Board has determined that the use of Intravenous Vitamin C by California citizens may be harmful to their health in that such patients may forego the use of other medical treatments and/or drugs of proven usefulness in the treatment of my disease or condition. Initial \_\_\_\_\_
- (h) That the California Medical Examining Board recommends that California citizens not undergo an unproved therapy such as Intravenous Vitamin C, but that citizens should seek medical diagnosis and care with proven accuracy and effectiveness Initial \_\_\_\_\_

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*The following paragraph is very important!* Please read it twice and, if you have any questions, be sure to ask them before initialing at the end of the paragraph. -

I further understand that Dr. Wrightson’s malpractice insurance policy does not cover treatments not specifically approved by the FDA and specifically, does not cover injury or adverse effects or reactions of any type in relation to treatment with Intravenous Vitamin C therapy. *Understanding this, I request that Intravenous Vitamin C be administered to me by Dr. Wrightson and/or her staff and release Dr. Wrightson and/or his staff from any legal responsibility resulting from the administration of Intravenous Vitamin C and/or any other medical treatment which may be necessary as a result thereof.* Initial \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand all of the initialed items above. Notwithstanding having read and understood the above items, I hereby elect to undergo the Intravenous Vitamin C treatment as described above.

\_\_\_\_\_  
(Patient signature) (Date)

\_\_\_\_\_  
(Clinic representative) (Date)