

# INFORMED CONSENT

## Vitamin C therapy

Name of the patient..... Date of birth .....

I hereby consent to receiving the Vitamin C / glutathion infusion intravenously.

### I confirm that (circle an option):

- I DO – I DO NOT suffer from kidney disease
- I DO – I DO NOT use water pills – diuretics
- I DO – I DO NOT drink at least 1,5 litres of water per day
- I DO – I DO NOT currently suffer from diarrhea
- I DO – I DO NOT use supplements containing calcium
- I DO – I DO NOT use Warfarin
- I DO – I DO NOT suffer from allergies (I am allergic to .....) )
- I AM – I AM NOT pregnant, I DO – I DO NOT breastfeed

I was informed about the benefits (alleviation of oxidative stress, i.e. effect on improving immunity, affecting fatigue, in case of burnout syndrome, against inflammation, improvement of wound healing, against depression, prevention of bone thinning, prevention of tumor proliferation, improvement of quality of life for oncological patients) and the risks (the possibility of formation of oxalate stones in case of kidney failure) of the treatment, including the risks of injection (possibility of infection at the injection site, allergy to the disinfectant preparation). After the application of vitamin C in infusion form, I will follow the drinking regime for at least 48 hours, i.e. at least 1.5 liters of liquids, excluding coffee and tea. Vitamin C can affect the effect of blood-thinning drugs (Warfarin), can increase the effectiveness of anti-platelet drugs (Anopyrin, Godasal), increase plasma levels of hormonal contraceptive tablets and can lead to inaccurate determination of blood sugar levels. This infusion is a means of supporting, supplementing and enhancing the effect in the treatment of cancer diseases, although it is not a medicine. Complications that can occur are rare. A skin reaction may occur - e.g. a reaction to a disinfectant or patch, inflammation of a superficial vein - a red, painful strip on the arm. If you feel pressure, burning, pain, or any kind of uncomfortable feeling at the injection site, tell the nurse immediately. After the infusion is finished and removed by the nurse, remain seated as needed, but at least 5 more minutes, apply pressure to the injection site and stand up as instructed by the nurse. On the day of application, it is advisable not to forget to drink fluids and drink at least 1.5-2 liters per day.

### Declaration and consent of the client

I, the undersigned, declare that I have been clearly informed about the nature and course of the infusion therapy and I have also been informed about the possible risks of this procedure. I have read the information about possible risks and complications of infusion therapy and I undertake infusion therapy at my own risk. I had the opportunity to ask additional questions and my questions were answered. Based on the information provided and after my own consideration, I agree to the infusion therapy. I understood everything and I agree with the proposed procedure.

I confirm with my signature that I have had sufficient time and opportunity to inquire about the issue of high-dose Vitamin C/glutathione infusion and to obtain information about this treatment procedure from a healthcare professional.

Date.....

Signature.....