MINORS CLEARANCE FORM

This patient is requesting a service offered by our wellness spa (IV Therapy and Vitamin Injections). Based upon the health history that the patient provided to us, we require medical clearance for our services for minors 16 years and older. Please review and select the services your patient may receive based upon your assessment(s) of health history, medications and exam.

PLEASE attach any supporting documents including chart notes, lab work and any additional prescription(s) as necessary.

Hydrate IV Bar Location: _____ Hydrate IV Bar Email: _____

PATIENT INFORMATION

Patient Name: Date of Birth: / /

Phone:

PROVIDER INFORMATION

Provider Name: Specialty:

Practice: Phone:

PROVIDER USE ONLY

Does this minor have any past/present medical conditions, medications, or allergies that would possibly contraindicate IV vitamin therapy?

☐ No ☐ Yes, please explain:

Are there any lab values, electrolyte imbalances/deficiencies that would contraindicate services?

☐ No ☐ Yes, please explain:

IV & INJECTION THERAPY

Per our protocol, the patient may receive the following once cleared within a 14-day period

Please select the service(s) the patient may receive:

☐ 500mL 0.9% Normal Saline	☐ Vitamin C (Ascorbic Acid) 1250mg
☐ 1,000mL 0.9% Normal Saline (at least 110lbs.)	☐ Zinc 5mg IV
☐ B-Complex 0.5mL IV	☐ Magnesium Chloride 250mg IV
☐ Vitamin B5 (Dexpanthenol) 250mg IV	☐ Calcium Chloride 50mg IV
☐ Vitamin B6 (Pyridoxine) 50mg IV	☐ L-Lysine 50mg IM/IV
☐ Vitamin B12 (Methylcobalamin) 1mg SQ/IV	☐ Vitamin D3 25,000IU IM

Proposed Frequency of IV Therapy: ☐ Once ☐ Bi-Weekly ☐ Monthly ☐ As needed

CONSENT & AGREEMENT

☐ I , the provider, confirm that I have reviewed the IV therapy options described and have no medical objections to this patient receiving the above selected services.

Date: / / Physician Signature: _____

These statements have not been evaluated by the FDA.This product is not intended to diagnose, treat, cure, or prevent any disease. This service is intended only for healthy individuals. We ask that clients who have tested positive for COVID-19 or have a fever stay home and we kindly ask clients who are not feeling well or exhibiting flu- like symptoms to wear a mask while in our spas.

Our team reserves the right to refuse service at any time. All services ordered by a referring provider need to be approved and are at the discretion of Hydrate IV Bar's Medical Director. Additional information may be required.

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