



Seaside Medical Practice

Where our focus is you

## IV Iron Informed Consent

You are being asked to sign a confirmation that we have discussed the nature of your condition, your contemplated medical procedure, the general nature of the proposed treatment, the request of the proposed treatment, the prospects for success, the reasonable therapeutic alternatives to the treatment, and the risks of such alternatives. Your physician or representative has discussed with you the common problems or risks. You are also being asked to sign a confirmation that you have been given the opportunity to ask whatever questions you may have and that your questions have been answered in a satisfactory manner.

## Risk of Treatment

Common side effects include nausea, vomiting and/or diarrhea, injection site reaction, hypotension, cramps, hypertension, dizziness, dyspnea, chest pain, leg cramps and pain.

## Written Understanding

I request and consent to treatment of iron deficiency with sodium ferric gluconate complex (IV Ferrlecit)

I hold Seaside Medical Practice and its representatives harmless and hereby release the doctor, the person performing the infusion and the facility from liability associated with this procedure.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE