

Signature of Provider or Assistant

INFORMED CONSENT - GLUTATHIONE

Infusions	IN ORNIED CONSENT - GEOTATTIONE
PATIENT	
NAME:	DOB:
Please read and be certain that you understan	nd the following information prior to signing this consent for treatment.
meats, fruits and vegetables. It consists of threat antioxidant that detoxifies harmful compound	and in your body and produced by the liver. It is also received through the ingestion of ee amino acids: L-cysteine, glycine, and L-glutamate and is known to be a powerful ds. Glutathione is involved in many processes in the body, including tissue building and repair, ody, and for the immune system to function properly.
BENEFITS OF GLUTATHIONE Some possible benefits of receiving Glutathion Improving Immune Function Increased Energy Maintaining Heart Health Reducing Cholesterol Preserving Healthy Eyes and Skin Anti-Aging Glutathione may be helpful in diminishing sym Alcoholism Certain Asthma Subtypes Alzheimer's Disease and Memory Lo Cystic Fibrosis Cataracts and Glaucoma Ulcerative Colitis Diabetes Heart Disease and High Cholesterol Liver Disease and Hepatitis Osteoarthritis Lyme Disease Parkinson's Disease Autism Side Effects of Chemotherapy and H	optoms for several medical problems including:
WHO CAN RECEIVE GLUTATHIONE? Most people can benefit from Glutathione. Gluare pregnant or breastfeeding, or patients with	utathione is not the right choice of treatment for children under the age of 12, women who is a history of asthma.
HOW IS GLUTATHIONE GIVEN? Glutathione is given as a medication through a	an IV (intravenous) infusion or by intramuscular injection.
Some redness, bruising, minor bleeding, musc within forty-eight (48) hours. Burning or stingir may include minor rash, trouble breathing, about I certify that I have read or have had read to n	reactions, these are often limited to a small area around the IV start site or injection site. cle soreness, and swelling at the injection site may occur. This should start to get better ng is possible upon injection. There are very little known side effects of Glutathione but dominal cramping, and bloating. The the contents of this form. I understand the risks involved in this procedure. I have had all of my questions have been answered. I understand the possible complications of
injections include infection, minor bruising and blood. I understand that unforeseeable comple my treatment with Glutathione. I authorize Hill	d and all of my questions have been answered. I understand the possible complications of d bleeding at injection sites, dizziness, headaches, and possible fainting from the site of ications could occur. I hereby release Hill Country Infusions from all liabilities regarding I Country Infusions to perform the designated procedure.
Signature of Patient (or Person Authorized)	Date

Date