

IV THERAPY CONSENT & POLICIES ACKNOWLEDGMENT

ERickson In-Home Concierge Medicine & Urgent Care, Inc.

By signing below, I acknowledge and agree to the following:

1. I have reviewed and signed the IV Therapy Informed Consent.
2. I understand the risks, benefits, and alternatives of IV therapy.
3. I acknowledge that all services are NON-REFUNDABLE.
4. I understand that appointments cancelled more than 24 hours in advance may be rescheduled.
5. I understand that same-day cancellations and no-shows result in forfeiture of fees.
6. I acknowledge that mobile services are strictly non-refundable.

Patient Name: _____

Signature: _____

Date: _____