



IM NUTRITIONAL THERAPY

Why IM micronutrient supplementation ?

The main benefits may include:

- Injectable micronutrients are not affected by stomach, or intestinal absorption problems
- Total amount of infusion/injection is available to the tissues
- Nutrients are forced into cells by means of a high concentration gradient
- Higher doses of nutrients can be given than possible by mouth without intestinal irritation
- Goal

The basic goal is to encourage people to become:

- Be knowledgeable about & be responsible for their own health
- To bring it to a personal optimum level
- To delay the aging process
- To enhance your metabolism.

IM Microneutrient Supplementation (IMS), is designed to improve your optimum health, absent of other non-nutritional complicating factors, and requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. It is not intended to make a medical diagnosis and to recommend any medicinal treatment(s). No comment or recommendation should be construed as inferring or implying a medical diagnosis. Since every human being is unique, we cannot guarantee any specific result from Intravenous Microneutrient`Supplementation (IMS) protocols and programmes. Medication and or medical conditions may have a negative impact on the positive effects of IMS.

Health Concerns

If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider such as your GP or Consultant. If you are under the care of another healthcare provider, it is important that you inform your other healthcare providers of your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert IVNT practitioner to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist. If you have any physical or emotional reaction to IM Microneutrient Supplementation (IMS) discontinue use immediately, and contact your IMS Practitioner to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the supplementation.

Laboratory testing may be done to determine areas of dysfunction, not to diagnosis or treat. Lab testing can assist in revealing nutrient deficiencies and weaknesses, however in many cases nutrient blood tests are not a true reflection of body tissue levels. However, although blood tests do not accurately reflect the nutrient status of nutrients in body tissues outside of the blood stream, certain blood tests are necessary to ascertain if vital organs are functioning normally.



Recommended Blood Tests necessary even in healthy individuals:

- Full blood count
- Liver function test
- Kidney Function Tests
- G6PD enzyme

Every person is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products required to correct possible imbalances. It is your responsibility to do your part by following healthy dietary guidelines, exercise your body if possible, get plenty of rest, and learn more about nutrition health benefits.

Procedure Pre Tests

- Temperature
- Blood Pressure
- Blood Glucose via a finger prick test
- Pulse

Once it is established that all the above tests are within the acceptable levels, an Intramuscular injection is administered into the buttock, sometimes the formulation requires two injection sites.

Vitamin B Methylcobalamin

- Initial Part 1 - 1 x Weekly Shot x 5
- 2 Week Break
- Initial Part 2 - 1 x Weekly Shot x 12
- Maintenance 1 x Monthly Ongoing

Fat Burner Metabolism Boost

Biotin Hair & Nails

- Initial Part 1 - 1 x Weekly Shot x 12 Weeks
- 2 Week Break
- Initial Part 2 - 1 x Weekly Shot x 12
- Maintenance 1 x Monthly Ongoing

Glutathione Cell Guardian

- Initial 1 x Weekly Shot x 12
- Maintenance 1 - 2 Monthly Ongoing



Clinic Terms of Business

I understand that though complications are uncommon, they do sometimes occur. It is possible that side effects not described may occur and indeed that a complication not previously reported may occur for the first time. I understand if I suffer any adverse reactions that are not expected, or concern me, I must contact my practitioner, and book a review appointment. MD Medical Aesthetics Ltd cannot take responsibility for complications or results that have not been reported, assessed, documented and managed in a timely manner. Whilst I have been advised of the probable result, this cannot be interpreted as a guarantee. Results vary from one individual to another.

I confirm that the medical health history form has been completed truthfully and I am fully aware that withholding medical information, including history of previous treatment, may be detrimental to the safe and optimal outcome of any treatment administered. If there are any changes in my medical history, I must inform the practitioner.

I confirm that I have been provided with verbal and written information about this treatment which includes aftercare and follow up advice and I agree to follow the aftercare advice and understand this reduces risk of adverse reactions and helps ensure optimum results.

I understand information about me will be treated as confidential and access to it restricted in accordance with the Data Protection Act, unless specific permissions given.

By consenting to treatment you accept the clinic terms and conditions as outlined:

- You are satisfied that the treatment has been explained comprehensively
- That the possible risks and side effects associated with the treatment have been fully discussed and understood
- That you have taken sufficient time to process and consider the information provided and any questions have been answered to your satisfaction, before making a decision to proceed with the agreed treatment plan.
- You consent to my medical records being shared with appropriate professional staff
- You accept emergency intervention treatment if required