



PATIENT SPECIFIC INTRAVENOUS PRESCRIPTIONS (Acknowledgement Form)

Due to recently updated FDA regulations, certain compounded IV products* must be ordered as prescription and given patient specific. The following guidelines have been created to allow us to continue IV care in an affordable and efficient manner.

- All costs related to your purchase of intravenous prescription products must be paid for at the time of the prescription submission. (This does not include needles, tubing, fluid, nurse time, etc.)
- Riordan Clinic must be notified 7 business days in advance of scheduling an IV. This will allow for verification of product on hand, orders to be submitted to the pharmacy, and product to be received.
- IV prescriptions can only be submitted for a one month's supply.
- Reimbursements or credit will not be issued for the prescription products not used or expired.
- All IV costs and policies are subject to change at any time. (This is based on the rapidly changing FDA policies)

Once prescription orders have been submitted, neither changes nor refunds will be permitted. If immediate IV services are requested and you do not have your patient specific stock currently on hand at Riordan clinic, services can be provided from a limited pre-regulatory supply of manufactured product at a substantially higher price. Also, same day Ultraviolet Blood Irradiation therapy (UBI) or intravenous ozone therapy (IVO) can be ordered on the spot because no compounded product requiring a patient specific prescription will be utilized in these innovative therapies. Intravenous vitamin C (IVC) will remain the Riordan Clinic's foundation therapy for treating many of the root causes of chronic metabolic illness. Only now, pre-planning and scheduling in advance will be imperative.

If your payment fails or cannot be completed for any reason, you remain obligated for the amount owed to Riordan Clinic.

*Common examples (subject to change);

- Intravenous Vitamin C
- Intravenous chelating agents
- Intravenous Alpha Lipoic Acid
- Intravenous Glutathione
- All IV & IM B vitamins

By signing below, you have read, acknowledge and agree to the above terms and conditions. This statement supersedes any and all verbal communications.

Printed Name

Date

Patient Signature