

# la majestic

Masion  
Est - 2026

## **CLIENT CONSENT & DISCLAIMER – IV THERAPY LA MAJESTIC – MOBILE IV THERAPY SERVICE**

### 1. Medical Consent

I confirm that I am voluntarily consenting to receive intravenous (IV) vitamin therapy administered by a qualified healthcare professional. I acknowledge that I have provided accurate and complete information regarding my medical history, current medications, allergies, and health conditions.

### 2. Prescription Requirement

I understand that IV therapy requires a valid prescription issued by a registered Australian medical practitioner. I confirm that my prescription is current and valid at the time of treatment.

### 3. Nature of Treatment

I understand that IV therapy involves the administration of vitamins, minerals, and fluids directly into the bloodstream. The purpose, benefits, and potential outcomes of the treatment have been explained to me, and I have had the opportunity to ask questions.

### 4. Risks & Side Effects

I acknowledge that, while generally safe when administered by qualified professionals, IV therapy carries potential risks and side effects, including but not limited to: bruising, swelling, infection, allergic reactions, dizziness, and rare complications such as phlebitis.

### 5. No Medical Guarantee

I acknowledge that IV therapy is a supportive wellness treatment and is not intended to diagnose, treat, cure, or prevent any medical condition. No guarantees have been made regarding effectiveness.

### 6. Suitability & Responsibility

I confirm I am over 18 years of age (or have guardian consent) and will inform La Majestic of any health changes prior to treatment.

### 7. Privacy & Confidentiality

I understand my information is handled in accordance with the Privacy Act 1988 (Cth).

### 8. Mobile Service Acknowledgement

I agree to provide a safe and appropriate space for treatment.

### 9. Limitation of Liability

I release La Majestic from liability except where required under Australian Consumer Law.

### 10. Voluntary Consent

I confirm I have read and understood this document and give consent voluntarily.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Signature: \_\_\_\_\_