DRAFT FOR REVIEW. NOT FOR PATIENT USE.
Pending review by the practice's attorney and malpractice carrier, and pending the open items listed in the companion summary. Do not print or sign this version.

Sarasota IV Doctors
PHYSICIAN SUPERVISED IV THERAPY

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IV Consent Form: Revision Summary and Open Items

Companion to IV Consent v2026.08. Prepared 1 September 2026.

Internal document. Prepared to support review by the practice's attorney and malpractice carrier. This is not part of the signed consent and should not be given to patients. It records what changed from the original draft, what still needs a decision from Dr Patel, and where a Florida healthcare attorney should look before the form is used.

1. What changed, and why

SEVERITY	CHANGE MADE	REASON
HIGH	**Added a treatment table** recording base fluid, volume, additives and doses, infusion rate, insertion site, supervising physician with Florida license number, and who administered.	The original authorized "any specifically authorized additives" without naming them. Under Fla. Stat. 766.103(3)(a), a patient must understand the actual procedure. Unnamed additives invite the argument that treatment was of a different kind, character or degree than what was consented to.
HIGH	**Added a mobile setting acknowledgment** with a checkbox for clinic versus home, hotel, office or boat, disclosing limited emergency equipment, different sterile conditions, and longer EMS response.	The practice treats patients outside the clinic. The original form described only an "outpatient setting" and never disclosed the specific risks of a non-clinical location.
HIGH	**Added an after-hours contact block** with named red flag symptoms and explicit instruction to call 911 for chest pain, severe breathing difficulty, severe allergic reaction, fainting or new neurologic symptoms.	Reactions such as phlebitis, infiltration and delayed allergy commonly appear hours after discharge. Without a contact route the practice is exposed to an abandonment argument.
HIGH	**Removed chest pain and shortness of breath from the "call the practice" list** so they appear only in the call 911 instruction.	Both symptoms had appeared in both lists. A frightened patient reads the first instruction and stops. Cardiac and respiratory symptoms must route to 911 only.
MEDIUM	**Added an emergency intervention authorization** covering emergency medications and activation of EMS, and noting that ambulance and hospital charges are separate.	The form authorized the planned infusion but not treatment of a patient who deteriorates. This matters most on a mobile visit far from a hospital.
MEDIUM	**Added blood clot (thrombosis) and air embolism** to the insertion risk list.	Both are standard on hospital IV consents. Their absence is a gap a plaintiff expert would circle.
MEDIUM	**Added off-label and compounded product disclosure.**	Most vitamin and nutrient infusions are not FDA approved for the purposes they are given for, and compounded preparations carry separate sourcing and sterility risk.
MEDIUM	**Upgraded pregnancy and breastfeeding from a checkbox to a substantive warning.**	A disclosure checkbox is not a risk disclosure. Several common additives are unsafe in pregnancy or pass into breast milk.
MEDIUM	**Added a post treatment warning** against driving or operating machinery, with a note about arranging transportation.	The original listed dizziness as a risk but never drew the practical conclusion.

MEDIUM	**Added privacy and financial acknowledgments:** Notice of Privacy Practices offered, self-pay and cost disclosed, copy of the signed form offered.	Standard expectations. Cheap to include, awkward to explain if absent.
LOW	**Separated the photography and marketing release** into an optional, opt-in block with its own signature and an explicit statement that declining does not affect care.	Bundling a marketing release into treatment consent undermines both. A release obtained as a condition of care is weak.
LOW	**Rewrote the document in plain language** and reorganised into a printable branded layout with practice details, form version and page numbers.	Consent that a patient cannot read is not informed consent. Version and pagination matter if the form is ever produced in litigation.
LOW	**Kept the negligence non-waiver clause substantially as written**, with light tightening.	All four reviewing models agreed the original clause was correctly drafted. It preserves patient rights rather than purporting to waive them, which is the correct posture.

One review finding was rejected as false. Two of the four AI models reviewing this form stated that Fla. Stat. 766.103 requires the consent to be witnessed by a person who is not an employee of the physician, and called its absence a fatal defect. The statute was read directly from the Florida Legislature's site. It contains no witness requirement: section 766.103(4)(a) provides that a consent evidenced in writing and validly signed by the patient or another authorized person raises a rebuttable presumption of valid consent. No witness block was added. If counsel wants one for evidentiary comfort that is a reasonable choice, but it is not a statutory requirement.

2. What we need from Dr Patel

Each item below blocks either printing or first patient use.

Florida medical license number Printed in the treatment table as the supervising physician of record.	_____
Confirm the treatment address Currently set to The DeSota, 1451 2nd Street, Sarasota FL 34236, per the license agreement. The website still lists 2100 S Tamiami Trl. One of the two needs to change.	_____ _____
Who administers the IV, and under what supervision RN, LPN or paramedic. Physician physically present, or reachable under written standing orders. This drives the delegation language and is the first thing a plaintiff attorney asks. The consent says the clinician will "monitor me during treatment", so if staff may leave mid infusion on a mobile visit, that word becomes a promise the practice does not keep.	_____ _____
After hours phone number The form currently routes after-hours calls to the main line, (863) 838-7825. Confirm that line is answered after-hours, or supply a separate number.	_____
Compounding pharmacy name and location Needed only if compounded additives are used. Confirm whether the pharmacy is 503A or 503B.	_____ _____
Standard drip menu with doses Lets us pre-print the common formulations rather than handwriting every additive at the chairside, which is where transcription errors happen. If the menu includes high dose vitamin C, G6PD deficiency screening becomes a standing-orders question.	_____ _____
Notice of Privacy Practices The form says one was offered. Confirm the document exists and is available to hand over.	_____
Emergency protocol for mobile visits What is carried on a mobile visit: epinephrine, oxygen, diphenhydramine, blood pressure monitoring. The mobile acknowledgment should match what is actually in the bag.	_____ _____

Minors and legal representatives Will the practice treat patients under 18. If so the representative block needs Florida specific consent authority language.	
Malpractice carrier review Most carriers will review a consent form at no charge and some require it. This is the cheapest legal review available.	

3. Recommended before first patient use

- **Florida healthcare attorney review.** This form is a drafting aid, not legal advice. The delegation, mobile setting and off-label sections are the parts most worth paid review.
- **Decide whether a witness line is wanted.** Not required by statute, but some carriers prefer one.
- **Confirm the form matches actual practice.** A consent form that promises monitoring or equipment that is not present at a mobile visit is worse than no form at all.
- **Set a review date.** Reviewed annually, or whenever the drip menu, staffing model or treatment locations change.

> **Scope note.** This review covered the consent document only. It did not cover intake or medical history forms, financial and cancellation policy, the Notice of Privacy Practices itself, standing orders and clinical protocols, or the mobile visit checklist. Each of those is a separate document and several are referenced by this consent.