

[Your Hospital/Clinic Name]  
[Your Hospital/Clinic Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, ZIP Code]

Dear [Patient's Name],

Subject: Consent for IV Insertion Procedure

We are writing to inform you about the intravenous (IV) insertion procedure that you are scheduled to undergo. This letter is intended to provide you with relevant information regarding the procedure and to obtain your consent.

**\*\*Procedure Overview:\*\***

The IV insertion procedure involves placing a small catheter into a vein to allow for the administration of fluids, medications, or blood products, as needed.

**\*\*Risks and Benefits:\*\***

While the procedure is generally safe, some potential risks include:

- Infection at the insertion site
- Bleeding or bruising
- Phlebitis (inflammation of the vein)
- Allergic reactions to IV medications

The benefits of having an IV in place include:

- Quick and efficient delivery of medications
- Continuous fluid administration if needed
- Easier access for blood draws

**\*\*Patient Responsibilities:\*\***

- Please inform the medical staff if you have any allergies or medical conditions.
- Follow any pre-procedure instructions provided by your healthcare team.

By signing below, you indicate that you have read and understood the information provided above, and consent to undergo the IV insertion procedure.

**\*\*Consent:\*\***

I, [Patient's Name], hereby provide my consent for the IV insertion procedure.

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

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

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

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

If you have any questions or concerns, please feel free to contact us at [Phone Number] or [Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital/Clinic Name]