

HEAVY METAL DETOX (CHELATION THERAPY) CONSENT FORM

I _____ do hereby give consent to NaturoMedic.com to perform intravenous MgNa₂ EDTA, DMPS or Calcium EDTA Chelation therapy ("Chelation Therapy") for the purpose of the removal of heavy metals in order to treat disease, address functional disorders, prevent disease, and optimize health. I understand that Chelation Therapy is a standard therapy approved for the treatment of heavy metal toxicity. The view that it is of benefit in the treatment of all disorders is accepted by a minority of the medical community, and it is considered "experimental" by most physicians and insurance companies. Heavy metals create the most oxidative damage to the human body aside from nuclear materials. Hence most people take antioxidants for disease or functional disorder treatment, disease prevention and health optimization. Here at NaturoMedic.com we believe the removal of the most powerful sources of oxidative damage is essential for one's health.

I understand that the benefits of Chelation Therapy are much greater if I follow a healthy lifestyle, (non-smoking, weight control, proper exercise, proper diet, and nutritional supplementation). I understand that research suggests that a minimum of 25 treatments is needed to address a pathological condition. If used for health optimization and disease prevention, typically 10-15 treatments are necessary, followed by a heavy metal provocation test. For best results, treatments should be performed 2 times per week. These treatments may be extended over a number of months. I have been informed that Chelation Therapy may need to be repeated from time to time in the future in order to maintain the benefits.

I have been informed of possible risks and side effects including but not limited to:

- ° discomfort at the injection site
- ° generalized aches and pains
- ° kidney problems including nephrotoxicity
- ° temporary aggravation of neurological conditions
- ° anticoagulation effects, lowering of blood sugar levels and/or hypoglycaemia
- ° other complications including the possibility of death (as is the case with any IV)
- ° thrombophlebitis
- ° fatigue
- ° allergic reaction
- ° liver disease
- ° muscle cramps
- ° mineral loss
- ° congestive heart failure
- ° hypocalcemia

I have disclosed openly any known previous kidney disorder. I understand that this therapy should not be used if I am pregnant. I also understand that if I have a history of tuberculosis or certain cancers, Chelation Therapy may reactivate arrested tuberculosis or cancer and I agree to inform my physician of any occurrence of these diseases. I understand the nature of the proposed procedure, and the risks and dangers have been explained to me to my full satisfaction. I have not been asked to discontinue care with any medical doctors or specialists.

It is believed in your case that Heavy Metal Detox (Chelation Therapy) is proper under these criteria, and the condition for which you are undergoing treatment will quite probably improve, as well as your overall health, from its use. However, you must understand no one can or does guarantee or warrant the results in any manner.

While I understand that there have been no warranties, assurances or guarantees of successful treatment made to me, I agree that I can only benefit from the removal of heavy metals. I desire to undergo this treatment after having considered the information relayed to me through conversations with my treating naturopathic doctor and through materials provided to me by the office to educate me about the treatment. I acknowledge that I have had the opportunity to ask any questions of my naturopathic doctor with respect to the proposed therapy, and the procedures to be utilised, and all of my questions have been answered to my full satisfaction. I also give my consent that all photographic materials, tissue, urine or blood specimens taken of me or from me may be displayed, distributed, published and otherwise used for educational and teaching purposes as long as my identity remains anonymous.

I understand that OHIP does not pay for Chelation Therapy and does not pay for laboratory testing. I also understand that there are very few insurance companies that will reimburse the cost of Chelation Therapy.

I acknowledge that NaturoMedic™.com has provided me with 72 (seventy-two) hours to review all materials and information imparted to me before making my decision on using this therapy.

Date: _____ Patient Name _____

Witnessed by: _____

OR:

I wish to waive my right to wait 72 (seventy-two) hours before making my decision concerning this therapy. I am confident that I understand the risks and benefits of this therapy and I have decided for myself to commence this therapy as soon as possible.

Date: _____ Patient Name _____

Witnessed by: _____