



OXIDATIVE (OZONE) THERAPY CONSENT FORM

The method of administration of Ozone; the purpose for its administration in your case; its potential for good; and it's potential for harmful side effects has been fully explained to you; and you have indicated a desire to undertake this procedure in your case. It is now our purpose to stipulate our full and complete understanding with reference to such therapy, and to place limitation upon our legal liability in the event it is unsuccessful.

You have been advised by us that Ozone has been approved by the Food and Drug Administration and Health and Welfare Canada for use as a food preservative and topically as an antiseptic solution. It has neither been approved or disapproved for intra-arterial or intravenous use, although it's use since 1920, is documented in medical literature. It has been studied in the treatment of arteriosclerosis of the heart, head and legs and has been found to increase the effectiveness of radiation in cancer therapy. It has not been reported to be harmful or dangerous when used in concentrations or dosages employed by us. Ozone is being used increasingly by a minority of physicians for the treatment of immune dysfunction, pulmonary disease and cell and tissue hypoxia; and the use of Ozone is not generally approved by the medical associations and/or other groups on the grounds that this substance has not yet been shown to be "safe" or "effective" or "customary and reasonable". Because of the lack of approval, and because a majority of doctors do not use it, insurance companies ordinarily do not pay for Ozone therapy.

Whether or not Ozone is "safe" or "effective" for a specific condition depends upon the degree of likelihood of injury from the use of the procedure when properly administered, upon the prognosis for the condition if left untreated, and upon your cooperation in the following dietary, metabolic nutrient recommendations and rest regimen which accompanies our procedure. It is believed in your case Ozone therapy is proper under these criteria, and you will quite probably improve in the condition for which you are under treatment, and in your overall health, from its use. However, you must understand no one can or does guarantee or warrant the results in any manner. Further, because of the use of Ozone is regarded as experimental for the reasons previously cited, we can not and do not offer this procedure to you except on the condition you do release us from any legal responsibility for harm resulting from its use in your case, and your signature on this agreement will constitute a full and final release of our legal responsibility resulting from the administration of Ozone in your case and/or any other medical treatment, which may be necessary as a result thereof.

Michael A. Prytula ND, Director Naturomedic.com

I have read and understand the above. Under the conditions indicated, I hereby place myself under care for Ozone therapy, and agree to the above release. 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 also 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: _____