NATURE MEDICINE

Giving Life to the Living! ™

Dr. Mike Um ND, HBSc, Psc. D.
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Heavy Metal Detox (ORAL CHELATION) Consent

CHELATION SHOULD NOT BE USED UNTIL THERE HAS BEEN A COMPLETE PRESENTATION OF THE NATURE OF THE PROCEDURE, EXPECTED BENEFITS, MATERIAL RISKS, MATERIAL SIDE EFFECTS, ALTERNATIVE COURSES OF ACTION, LIKELY CONSEQUENCES OF NOT HAVING THE PROCEDURE AND WRITTEN INFORMED CONSENT HAS BEEN OBTAINED.

IMPORTANT INFORMATION AND WARNING

The following points of information, among others, have been presented and made clear and I have had the opportunity to ask any questions concerning this information:

1. I, _____ (name) understand that CHELATION is used for the purpose of the removal of heavy metals in order to correct disease, address functional disorders, prevent disease, and optimize health. I understand that CHELATION is a standard procedure approved for benefiting heavy metal toxicity. The view that it is of benefit in all disorders is accepted by a minority of the medical community, and it is considered "experimental" by most physicians and insurance companies. Oral chelation includes consuming DMSA or DMPS. Sixty percent of people are cleared with 15 rounds of DMSA or DMPS. I understand that lab work (creatinine) will need to be conducted throughout the service duration.

2. I understand that the benefits of CHELATION include the removal of the greatest source of oxidation in the human body (heavy metals) in order to benefit disease, address functional disorders, prevent disease, and optimize health.

3. I understand the possible risks of CHELATION which include thrombophlebitis, mineral loss, kidney problems including nephrotoxicity, congestive heart failure, temporary aggravation of neurological conditions, liver disease, hypocalcemia, hypoglycemia, and the reactivation of tuberculosis and certain cancers. I understand that contraindications to CHELATION include pregnancy due to B6 and zinc leaching, renal dialysis, lead encephalopathy, and tuberculosis. I understand that caution must be used in nephrotoxicity, previous thyroid surgery (parathyroid glands), liver disease (increased liver enzymes or bilirubin may increase prothrombin time [slow clotting]), acute mononucleosis, Epstein-Barr infection and in Hepatitis A, B or C. I have openly disclosed any known previous kidney disease, a history of tuberculosis or cancer. I will inform the doctor if I become pregnant, have kidney disease, cancer or tuberculosis at any point during CHELATION.

4. I understand that side effects of CHELATION include, muscle cramps, generalized aches and pains, fatigue, headache, brain fog and an allergic reaction.

5. I understand the alternative courses of action include doing nothing, to continue with current procedures and services, consume antioxidants, IV vitamin C, ozone, IV laser, use of PEMF devices, surgery, and pharmaceuticals.

6. I understand the likely consequences of not having the service include but are not limited to no change in my existing condition, poorer health, increased risk of cancer, cardiovascular disease and kidney disease, increased risk of hormonal conditions such as infertility, lower IQ, speech and hearing impairments, dizziness, tremors and decreased quality of life.

7. I consent to have my file accessed by Dr. Michael Prytula, ND, Psc. D, Dr. Mike UM, ND, Psc. D, HBSc. and all staff at Nature Medicine.

Initial: _____

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I now authorize Dr. Michael Prytula, ND, Psc. D , Dr. Mike Um, ND, Psc. D, HBSc. and the staff at Nature Medicine to start my CHELATION service: OR if my service has already begun with CHELATION, to continue it.

CONSENT: Print Name: _____

Name: _____ Date: _____
(Signature)

Address: _____ Telephone Number: _____

STAFF OR DOCTOR'S STATEMENT: I have fully presented to _____. The nature and purpose of CHELATION and the potential risks associated with CHELATION. I have asked if he/she has any questions regarding CHELATION and have answered those questions to the best of my ability.

Staff or Doctor's Signature Date