NATURE MEDICINE
Giving Life to the Living! ™

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Ozone Consent

OZONE 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 OZONE 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 OZONE is administered intravenously, or as an injection, rectally or vaginally to target infections including Lyme and HIV, cancer, chemical exposure, degenerative conditions, circulatory conditions, wounds, ulcerative colitis and others. I understand that ozone has been approved by the Food and Drug Administrations and Health and Welfare Canada for use as a food preservative and topically as an antiseptic solution. I understand that the Environmental Protection Agency states that ozone kills 99.99% of all microorganisms and is one of the most efficient chemical disinfectants known.

2. I consent to the administration of heparin alongside some ozone procedures to prevent blood coagulation. Contraindications to heparin use include severe thrombocytopenia, current active bleeding and conditions which increase your risk of hemorrhage. Ladies should not receive heparin while menstruating. Common side effects of heparin administration include easy bleeding and bruising, itching of your feet, redness, pain, warmth, irritation, possibly a blue coloured tinge of the skin and/or skin changes where the medicine was administered.

3. I understand that the benefits of OZONE include killing microorganisms, halting tumor growth, increasing the effectiveness of radiation in cancer therapy, neutralizing chemicals and naturally occurring toxins in the body, improving circulation, increasing oxygen utilization, improving our bodies anti-oxidant system, stimulating collagen synthesis, removing inflammation, stimulating and strengthening our immune system and promoting healthy aging.

4. I understand the risks of OZONE include damage to the lungs when inhaled directly and damage to the eyes if ozone directly contacts the eyes. OZONE procedures are contraindicated in G-6-PD deficiency, in hyperthyroidism, in pregnancy and those with an ozone allergy.

5. I understand as with all IVs and injections there is always the possibility of pain, infection and even death.

6. I understand that side effects of OZONE include shortness of breath, chest pain, coughing and dizziness.

7. I understand the alternative courses of action include to do nothing, to continue with current procedures and services, IV vitamin C, IV laser, external laser, oncothermia, IV turmeric, The use of PEMF devices, diet, supplementation, botanicals, chemotherapy, radiation therapy, surgery and pharmaceuticals.

8. I understand the likely consequences of not having OZONE include no change in my existing condition, poorer health, decreased quality of life and a shorter life span.

9. 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.

   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 OZONE procedure: OR if my OZONE has already begun to continue with it

   CONSENT: Print Name:_____

   Signature: _____ Date: _____

   Address: _____ Telephone Number: _____

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

   _____
   Staff or Doctor's Signature Date