

Center for Advanced Medicine and Clinical Research™
Practicing Medicine of the future, today!

RECURRING CONSENT FOR VARIOUS THERAPIES (Including IV THERAPIES)

✓ I, _____, acknowledge that Dr. Buttar and his professional medical staff have explained to me in detail the principles and practices of the various IV (intravenous), TD (transdermal), PO (by mouth) and PR (by rectum) treatments, including, but NOT limited to EDTA, DMPS, oxidative therapies including ozone auto hemotherapy and H₂O₂, nutritional, lipoic acid, vit C, various minerals including but NOT limited to selenium, magnesium, potassium, zinc, manganese, cesium, rhodium, chromium, germanium, vanadium and molybdenum, DNA Reductase, MSP protein, glutathione, myer's drips, sulfoxime, dioxychlor, biorizin, phosphatidylcholine, glycerophosphocholine, and various amino acids including but NOT limited to proline, lysine, argenine, taurine, glutamate, cysteine, alanine, glutamine, tryptophane, tyrosine, phenalnine and glycine. Specifically, I understand that any of these above mentioned therapies that are administered using intravenous administration techniques, are used for various medical reasons and for various indications. I understand that these treatments are designed to optimize the detoxification of my body and/or to provide nutritional and other support for my system as well as to remove persistent organic pollutants and heavy metals from my system. I understand that these various IV therapies are being provided to me according to the guidelines and/or protocols established or presented by the American Board of Clinical Metal Toxicology (ABCMT) in Chicago, IL, the International College of Integrative Medicine (ICIM) in Cincinnati OH, the Institute of Preventive Medicine in Denville, NJ, the American College for Advancement in Medicine (ACAM) in Laguna Hills, CA, the American Academy of Environment (AAEM) in Wichita, KS and/or the American Association of Integrative Medicine (AAIM) in Springfield, MO.

✓ Initials: _____

✓ It has been explicitly explained to me that the efficacy of any of these treatments including EDTA therapy for the support of heart and vascular problems, any IV therapies for the nutritional and detoxification support for cancer, and any other IV therapies indicated for any condition that I may be suffering from, have not been proven with the prevailing double-blind method of medical research. I acknowledge that I accept any of these therapies as an adjunct therapy to the standard drug therapies prescribed to me by my regular physician, including my cardiologist, oncologist, neurologist and/or other primary care physician. I have discussed conventional and traditionally accepted options of surgery, angioplasty, chemotherapy, radiation therapy, and other various invasive techniques and forms of treatment with my other physicians prior to visiting Dr. Buttar. It is my informed decision that I accept the treatments as discussed with Dr. Buttar and his medical staff as an integrative approach to my medical care in lieu of or in conjunction with the other conventional options presented to me by my other physicians, including but not limited to surgical and other interventional therapies. I fully understand that any of these various therapies as listed above, may not give me appreciable benefits due to the advanced state of my medical condition(s). I also understand that I will most likely have some type of Hertzheimer type reaction. I acknowledge that no guarantees or claims have been made to me regarding the efficacy or results of any of the above various therapies listed.

✓ Initials: _____

✓ I have been informed of the possible adverse effects of all the IV therapies mentioned above, including but NOT limited to the possibility of phlebitis, infections, headaches, dizziness, hypoglycemia, electrolyte imbalance, mineral depletion, fatigue and kidney injury, although kidney injury without pre-existing kidney failure has not been observed by Dr. Buttar. Regarding EDTA specifically, I understand that according to published material, there have been over 600,000 patients who have received over 4.5 million intravenous EDTA "chelation" treatments over the past 40 years. Benefits from this particular therapy reported by patients include relief of symptoms of metal toxicity, peripheral, cerebral and coronary vascular disease, diabetes, hypertension, and degenerative joint diseases. This too has not been proven with the prevailing double-blind method. However, these observations are felt to be due to the antioxidant, chelating, oxidative, nutritional, support and detoxification effect of all the above stated IV therapies.

✓ Initials: _____

Initials: _____ I have been informed that all appointments made for any IV (Intra Venous) therapies are final, but are cancelable before 8 AM on the day of the appointment. I will be responsible for 50% of the cost of any IV therapy if I cancel the appointment after 8 AM, OR if I do not arrive for treatment.

✓ Patient Signature : _____

✓ Spouse / Witness : _____

✓ Today's Date : _____

