CARDEA HEALTH
integrative

TRI-OX (OZONE) THERAPY CONSENT FORM

At this clinic Tri-Ox Therapy is administered using two methods, venipuncture or rectal insufflation. The venipuncture method requires the withdrawal of up to 200cc of your blood, the addition of ozone to the bag containing the blood, slow mixing of the ozone with the blood and placing the blood back into your vein through an IV drip. Rectal insufflation is the infusion of up to 500cc of ozone into the rectum/colon using a catheter.

I understand the method of administration and the purpose for Tri-Ox Therapy in my case. Its potential for good and its potential for harmful side effects have been fully explained to me; and I have indicated a desire to undertake this procedure.

I have been informed that medical ozone has been used since the 1950's and is well documented in medical literature. I understand that it has been studied in the treatment of circulating problems, diabetes mellitus, infections, malignant tumors, immune suppressive disease and more. I have been informed that it has not been reported as harmful or dangerous when used in concentration or methods as employed by this clinic. I understand that Tri-Ox Therapy is being used increasingly by a minority of physicians for treatment of cardio-pulmonary, peripheral vascular, immune dysfunction, diabetes mellitus and many more. I have been informed that Tri-Ox Therapy is not generally approved by the medical association on the grounds it is not yet shown to be "safe" or "effective" or "usual, customary or reasonable". I was also informed that because of the lack of approval, and because a majority of doctors do not use it, insurance companies ordinarily do not pay for Tri-Ox Therapy.

While I understand that there have been no warranties, assurances or guarantees of successful treatment made to me, I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversations with the treating physician 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 the physician with respect to the proposed therapy and the procedure to be utilized and all of my questions have been answered to my full satisfaction. Further, because the use of Tri-Ox Therapy is regarded as experimental for the reasons previously cited, I do release Cardea Health Integrative from any legal responsibility for harm resulting from its use in my case. My signature on this agreement will constitute a full and final release of Cardea Health Integrative's legal responsibility resulting from the administration of Tri-Ox Therapy and/or any other medical treatment, which may be necessary as a result thereof.

I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under care for Tri-Ox therapy, and agree to the above release.

Date:_____ **PATIENT SIGNATURE:**_____

Name:_____