

Tequesta Family Practice

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R. J. Oenbrink, DO

www.tequestafamilypractice.com

Chelation Informed Consent Form

I, Testypatient Testypatient, do hereby give consent to *The New Medicine Center* and specifically to Dr. Oenbrink to perform intravenous MgNa₂EDTA chelation therapy ("Chelation Therapy") for the purpose of treatment of atherosclerotic disease and/or heavy metal toxicity, and/or prevention or treatment of degenerative diseases. I understand that Chelation Therapy is a standard therapy widely approved for the treatment of heavy metal toxicity; however, its usage is considered controversial for the generalized treatment of atherosclerotic vascular disease and other degenerative diseases, and the view that it is of benefit in the treatment of such disorders is accepted by a minority of the medical community and is considered "experimental" by most physicians and insurance companies. I am advised that my treating physician believes that Chelation Therapy does have positive clinical benefit. I have been informed that other treatment approaches have been used in these conditions, including but not limited to bypass surgery or angioplasty and these alternatives have been explained to me to my full satisfaction.

I understand that the benefits of Chelation Therapy are much greater if I follow a healthy lifestyle, (non-smoking, weight control, proper exercise, proper diet, and nutritional supplementation), *I understand* that an initial series of treatments are anticipated, and that these treatments may be extended over a number of months. I have been informed that Chelation Therapy may need to be repeated from time to time in the future in order to maintain the benefits. I understand that it is my option to stop this treatment protocol at any time without incurring any further expense after I have directed that such treatment be stopped.

I have been informed of possible risks and side effects including but not limited to: discomfort at the injection site, thrombophlebitis, hypocalcemia, fatigue, muscle cramps, kidney problems including nephrotoxicity, allergic reaction, congestive heart failure, liver disease, anticoagulation, lowering of blood sugar levels and/or hypoglycemia, mineral loss and generalized complaints.

If I have suffered from any previous kidney disease, I agree to execute a medical release so that all previously identified medical records of mine may be obtained from previous treating physicians, and I have disclosed openly any known previous kidney disorders. I understand that this therapy should not be used if I am pregnant unless I have a severe life-threatening disease. I understand that if I have a history of tuberculosis, Chelation Therapy may reactivate arrested tuberculosis and I agree to inform my physician of any occurrence of this disease. I understand the nature of the proposed procedure and the risks and dangers have been explained to me to my full satisfaction. I have not been asked to discontinue care with any specialists.

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 my 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 my physician with respect to the proposed therapy and the procedures to be utilized and all of my questions have been answered to my full satisfaction. I also acknowledge that I have received a copy of this signed, informed consent.

I understand that Medicare does not pay for chelation therapy with EDTA for vascular disease and may not pay for laboratory testing after chelation therapy has been instituted. I also understand that there are very few commercial insurance companies that will pay for chelation therapy with EDTA for vascular disease.

Date: 01/16/2011 10:54

Patient's Signature: _____

TeqCAM

Tequesta Complementary & Alternative Medicine Center

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TO OUR CHELATION THERAPY PATIENTS

Intravenous EDTA Chelation Therapy administered once or twice per week has shown to be a very beneficial therapeutic modality utilized at TeqCAM, specifically for those patients with Vascular (Blood Vessel) disease and a myriad of other Degenerative Disease processes responsible for over fifty percent (50%) of all the deaths in the United States each year, i.e., Angina Pectoris, Myocardial Infarctions (Heart attacks), Cerebrovascular Attacks (Strokes), Hypertension (High Blood Pressure), and severe Peripheral Vascular Disease (Gangrene). The substance administered in Chelation Therapy, EDTA, has also been proven effective in the removal of toxic heavy metals like lead and cadmium from body tissues.

Individual response to the Chelation Therapy program is *not* totally dependent upon the administration of the EDTA intravenous solution, but to a combination of the intravenous treatment, a rigid dietary program, vitamin/mineral supplementation, stress reduction, a physical exercise program, and other lifestyle modifications designed specifically for the individuals medical condition, with their present health status in mind.

The optimal number of intravenous treatments for any given patient is based on the findings of the initial diagnostic evaluation, and the patient's presenting medical condition. Usually, a basic course of Chelation Therapy would include a total of thirty (30) EDTA Chelation Treatments. However, the patient is monitored closely for therapeutic response, during which times the total number of treatments may be modified. There have been occasions where over a hundred (100) intravenous treatments have been administered before clinical response has been noticed, especially in those patients with Cerebrovascular disease or with Macular Degeneration of the eyes.

In order to attain optimum benefits from the Chelation Therapy program, we strongly advocate STRICT adherence to ALL recommendations made during the results consultation with the Staff Physician. These are individualized according to the results of the diagnostic evaluations and initial medical history.

The following recommendations are presented in order for you to better understand how our Chelation Therapy program functions and also to improve your chances of success with the program.

There is a very good book available at the Library/Amazon etc called "Bypassing Bypass Surgery", this is a good well-written treatment of the subject of chelation.

We require at least 24 hour advance notice if you will miss your appointment for therapy, otherwise we will have to charge your usual fee as the solutions are mixed in advance and cannot be stored.

THINGS THE PATIENT SHOULD DO

during the Chelation Therapy Program

1. Please, **WAIT** in the waiting area until you are called to the treatment area or to a consultation room. You may get your name tag and number while you are waiting. Once you are called to the treatment area, you may get your water and select your chair. Treatments are started in numerical order.

LEAVE a urine specimen in the bathroom each time before your intravenous treatment is administered.

EAT a substantial WELL BALANCED meal (preferably Complex Carbohydrates and Protein) before arriving for your treatment, and **ALWAYS** bring along a snack (Fruits, dry roasted nuts, sandwich, etc.) to eat during your Chelation Treatment. These items will diminish the possibility of developing a Hypoglycemic (low blood sugar) reaction during or after your treatment.

TAKE all of your prescribed medications and Vitamin/Mineral supplements. **DO NOT** consume any supplements that contain calcium on a treatment day and for 24 hours after treatment. You should also **AVOID ALL DAIRY PRODUCTS** on the day of your treatment and for 24 hours after treatment.

DRINK at least one quart of water (preferably distilled) per day while involved in the Chelation Program. This will insure adequate renal (Kidney) flow required during treatments.

2. INFORM the Nurse Technician or member of the Medical Staff (Physician or Nurse Practitioner) of any changes in your health status since your last treatment (e.g., chest pain, shortness of breath, weight gain or loss, leg pain, kidney/bladder infections, difficulty urinating, etc.)

INFORM the Medical Staff (Physician or Nurse Practitioner) of any changes in medications prescribed by your Family Physician or Specialist.

INFORM the Nurse Technician of any discomfort or other abnormalities that arise during the Chelation Treatment.

INFORM the Medical Staff (Physician or Nurse Practitioner) of any problems with your Vitamin/Mineral supplements.

WEIGH yourself daily before your treatment and report your weight to the Nurse Technician **BEFORE** your treatment is started.

NOTIFY the clinic at least twenty-four (24) hours prior to your scheduled appointment time if you are unable to keep your appointment. Space is limited in the Treatment Suite and your appointment can easily be filled, given appropriate notification.

APPLY direct pressure at the site where the needle was removed for at least five (5) minutes to prevent bruising and bleeding under the skin.

Supplements are important during chelation!

We recommend the following from your health food store;

- Solgar Omnium Iron-free Multi-Vitamin with minerals 2 tabs daily
(If you have trouble swallowing pills try Buried treasure VM-100 Liquid)
- Solgar Vitamin E Mixed tocopherols (400 units daily minimum)
- Vitamin C as tolerated in three time daily dosing, ideally 1000 mg/dose
(Alacer Super Gram 1000 or Pioneer Buffered C with bioflavenoids)
- Kal Magnesium glycinate 400 mg daily

THINGS THE PATIENT SHOULD NOT DO during the Chelation Therapy Program

1. DO NOT stop or change the dosage of any Prescription medications or Vitamin-Mineral supplements without the approval of a Medical Staff Member (Physician or Nurse Practitioner) at this facility or the original Prescribing Physician.

DO NOT attempt to alter the flow rate of your Chelation Solution. The time rate and dosage are pre-calculated in order to prevent the onset of unwanted side effects during or after your Chelation Treatment.

DO NOT attempt to discontinue or disconnect the intravenous solution for any reason. PLEASE notify the Nurse Technician if your treatment is completed or if you are having difficulty.

DO NOT sleep during your Chelation Treatment. This makes it extremely difficult for the Nurse Technician to recognize and evaluate any problems that may develop during the treatment.

DO NOT cross your legs during the Chelation Therapy treatment. This impedes (slows) the blood flow to the lower extremities.

DO NOT rise from your chair quickly after your treatment has been disconnected. Some patients may develop Postural Hypotension (Low Blood Pressure) and experience fainting episodes with sudden position changes.

2. DO NOT stop your treatments without first consulting a member of the Medical Staff (Physician or Infusion tech) to discuss further therapeutic recommendations and other options available to you.