

CONSENT FOR UNDERGOING ACTIVATED OXYGEN THERAPIES with UBI Therapy Ultraviolet Blood Irradiation

I _____, understand that Mary Ann Coffey R.PH, CCN and Jill Fleming NP is recommending one or multiple intra-venous activated oxygen (Ozone) therapies for me. This therapy, although not used typically in conventional medicine and unapproved by insurance companies actually have a track record of safety and efficacy. However, the safety and efficacy of this therapy is not recognized or approved by the Food and Drug Administration. Mary Ann Coffey as taken continuing medical education workshops and seminars that emphasize and teach procedures for safe application of these therapies. He is certified in Ozone Therapy.

I understand that these treatments are intended to enhance cellular oxygen utilization, blood flow, cellular healing and pain relief. By way of protein-like molecules called cytokines, these therapies are intended to stimulate immune system activity. I understand that depending on the type and dose of activated oxygen therapy I receive, some effects may be more anti-inflammatory and anti-microbial, whereas others may promote cellular regeneration and immune modulation. All of these therapies, to the extent that they enhance tissue oxygenation and blood flow, are intended to relieve pain and inflammation, up-regulate antioxidant enzyme defenses. I understand this research has been documented in peer reviewed medical and scientific journals and that the therapy(ies) advocated, are not considered dangerous, when administered within the limits and standards of a trained medical practitioner.

I understand that should I currently be in any of the following conditions, one or more of these therapies may not be appropriated for me: Pregnancy, Thyrotoxicosis, Hemophilia, Porphyria, and extremely low platelet count.

Also, I understand that as with any intravenous therapy, I might experience:

- transient hypoglycemic (low blood sugar)
- headache and/or light-headedness
- local swelling
- slight hemolysis if I have a G6PD deficiency.

Major Autohemotherapy (MAH) requires that up to 330 ml of blood be drawn, which is about half of the volume typically withdrawn during blood donation process. For this reason, possible side effects will be similar to that which occurs from blood donation, including lightheadedness, nausea, or **fainting**. Risks of having blood drawn include temporary pain from a needle stick, bruising and rarely infection. During Major Autohemotherapy, the blood is diluted with saline and **heparin** is added to prevent clotting, and allows us to reinfuse the blood once it has been infused with the Ozone. Allergic reactions to heparin are rare, but possible. Side effects may occur from introduction of ozone into the body including:

- Shortness of breath
- Blood vessel swelling
- Poor circulation
- Heart problems
- Stroke

Alternatives to this therapy have been discussed with me and include:

- Various Pharmaceuticals, while not a direct substitute, would potentially include antimicrobials, NSAIDs, pain

medications including narcotics, immune stimulators • IV therapies, without ozone.

I understand Mary Ann Coffey R.Ph, CCN and/or any representative of Boutique Wellness , LLC make no warranties or guarantees about these therapies with respect to my condition. I do, however, understand the broad application of these therapies to sub-optimal oxygenation states, which is the underlying abnormality in many chronic conditions. I further acknowledge that it is my right to cease activated oxygenation therapy at any time. Finally, I understand that my insurance carrier will likely not pay for activated oxygen therapies. With full awareness of the above facts and considerations, I _____ give my consent to Mary Ann Coffey, R.PH, CCN and Jill Fleming NP and/or anyone representing FoRM Health for giving me one or multiple treatments of oxygen therapies including Major Autohemotherapy (MAH) / UPI Ultraviolet Blood Irradiation.

Patient

Signature: _____ Date: _____

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