



AGREEMENT CONCERNING CHELATION THERAPY

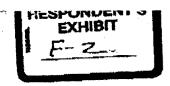
I have described to you in detail the method of administration of chelation therapy using disodium Ethylenediamine Tetraacetic Acid (EDTA); the purpose for its administration in your case; its potential for good and potential harmful side effects. You have indicated a

I have advised you that EDTA has been cleared by the Food and Drug Administration for mobilization and reduction of heavy metals (such as lead) from the body where undesirable of physicians for treatment of arteriosclerosis and related conditions; and that this latter usage has been disapproved by medical associations and/or other groups on the grounds that such usage of this substance has not as yet been shown to be "safe" or "effective" or doctors do not use it, insurance companies ordinarily refuse to pay for EDTA therapy.

Among the principal side effects which may accompany administration of EDTA therapy are: potential kidney damage (not seen with modern dosage and speed of infusion), nausea and vomiting (very rare), burning or stinging at site of infusion (correctable), hypotension (very rare); hypoglycemia (common if no prior food taken), dermatitis (responding to vitamin B-6), muscular tetany (responding to magnesium), and local thrombophlebitis (very rare).

Whether chelation therapy is "safe" or "effective" for a specific condition depends upon the degree of likelihood of injury from the use of the procedure when properly administered, upon the prognosis for the condition if left untreated, and upon cooperation in the following dietary and rest regime which accompanies the procedure. I believe that in your case chelacondition for which you are under these criteria, and that its use will probably improve the understand that I cannot and I do not guarantee or warrant the results in any manner. Furthermore, despite the use of disodium magnesium EDTA for over 30 years in the clinical that you release me from any legal responsibility for harm resulting from its use in your legal responsibility for harm resulting from its use in your and/or any other medical treatment that may be necessary as a result thereof

Eduard V	t may be necessary as a result thereof.
Edward W. McDonagh, D.O., F.A.C.G.P. I HAVE READ AND HADDON	Charles J. Rudolph, D.O., Ph.D.
under your care for chelation therapy,	Under the conditions indicated, I hereby place myself and agree to the above release.
Dated:	Patient
WITNESS:	





MCDONAGH MEDICAL CENTER, INC.

2800-A Kendalwood Parkway - Kansas City, Missouri 64119 - (816) 453-5940

E. W. McDonagh, D.O., A.C.G.P.

Charles J. Hudolph, D.O., Ph.D.

Nutrition . Allergies . Family Practice . Degenerative Diseases . Preventive Medicine . Metabolic Disorders

CONSENT TO MEDICAL TREATMENT

PATIENT	DATE
l. I hereby voluntarily consent to treatment, McDonagh Medical Center, his assistants or his is necessary in the judgment of McDonagh Medical	designees as
2. I acknowledge the clinic policy of HIV tes done due to the extensive use of venipuncture, diagnostic and therapeutic. I accept the fact treatment may be denied on the basis of a posi Signature	both
3. Permission is granted for prescriptions for be packaged in containers without child-resist caps.	r my family to ant safety
4. It has been explained to me and I understavitamin and mineral supplements at the clinic generally covered by Medicare or other health	
5. I agree, that if I accept treatment, I sha responsible for payment of all costs at the ti services.	ll be me of
6. Filing of insurance claims shall be my own responsibility.	
7. I understand the above information.	
Patient Signature	Bak.
If patient is a minor or unable to consent, confollowing: Patient (is a minor years of	age) or is
legal guardian/power of attorney Witness	