



## Consent for Undergoing Activated Oxygen Therapies

I, \_\_\_\_\_, understand that Dr. Seth Lambert is recommending one or multiple intra-venous activated oxygen therapies for me. These therapies (Hydrogen Peroxide and Ozone), although discounted by conventional medicine and unapproved by insurance companies actually have a 50+ year long track record of safety and efficacy. In fact, Dr Lambert has taken continuing medical education workshops and seminars which emphasize and teach the safest and most optimal application of these therapies. He is certified in Ozone Therapy and Prolozone Therapy by the American Academy of Ozone Therapy.

I understand that these treatments enhance cellular oxygen utilization, blood flow, cellular healing, and pain relief. By way of protein-like molecules called cytokines these therapies stimulate immune system activity. I now know that depending on the type and dose of activated oxygen therapy I receive, some effects will be more anti-inflammatory and anti-microbial, whereas others will promote cellular regeneration and immune modulation. All of these therapies, to the extent that they enhance tissue oxygenation and blood flow, relieve pain and inflammation, up-regulate antioxidant enzyme defenses, and stimulate immune function which are beneficial for a broad constellation of medical conditions. I understand this research has been profusely documented in peer reviewed medical and scientific journals for decades and that the therapy(ies) Dr Lambert has advocated are in no way unproven, dangerous, or experimental when administered within the limits and standards of his training. Dr Lambert has recommended to me that I purchase a copy of Dr Frank Shallenberger's, (MD, HMD) book, "The Principles and Applications of Ozone Therapy-A Guideline for Physicians" complete with references should I desire a more complete understanding of their safety, application and efficacy.

I understand that should I currently be in any of the following conditions, one or more of these therapies may not be appropriate for me: Pregnancy, Thyrotoxicosis, Hemophilia, acute disc herniation, extremely low platelet count, atopic dermatitis, photo-sensitivity, or photo-active medication. Also, I understand that as with any intravenous therapy, I might experience transient hypoglycemic (low blood sugar) headache and/or light-headedness, local swelling, bruising or irritation at the catheter insertion site, a brief resetting of my menstrual cycle, or slight hemolysis if I have a G6PD deficiency.

Since the human body is not the same as a household appliance, I understand Dr Lambert makes no warranties or guarantees about the 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 almost every chronic and refractory malady. I further acknowledge that it is my right to cease activated oxygenation therapy at any time. Finally, I understand that my insurance carrier will not pay for activated oxygen therapies in spite of their safety, lower cost (relative to patent medicines), and effectiveness.

With full awareness of the above facts and considerations,

I, \_\_\_\_\_, give my consent to Dr Lambert for giving me one or multiple of these activated oxygen therapies.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Name \_\_\_\_\_ Witness \_\_\_\_\_