

## Consent for Undergoing Bio-Regulatory Medicine

I, \_\_\_\_\_ understand that Dr. Brian N. Hardy is recommending Bio-Regulatory Medicine and/or Activated Oxygen Therapies which is a combination of activated oxygen and homeopathic injectable's.

These therapies, 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. Hardy has taken continuing medical education workshops and seminars which emphasize and teach the safest and most optimal application of these therapies.

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 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.

I understand this research has been profusely documented in peer reviewed medical and scientific journals for decades and that the therapy(ies) Dr. Hardy has advocated are in no way unproven, dangerous, or experimental when administered within the limits and standards of his training.

I understand that should I currently have any of the following conditions, BRT and/or Activated Oxygen Therapy may not be appropriate for me. Please place a check mark if you have any of the following conditions.

### Contraindications:

- Recent Heart Attack
- Hyperthyroidism (Graves Disease)
- Thrombocytopenia – Extremely low platelet count
- Hemophilia – Bleeding disorders
- Acute Disc Herniation
- G6PD Deficiency - May cause hemolysis

### Cautions:

- Alcohol intoxication – Acute Alcohol Poisoning
- Pregnancy
- Active or recent internal bleeding
- Ozone allergy
- Tissue Transplant

### List any medications that you may have an allergy to:

Example: Penicillin, Sulfa, Tetracycline, Novocaine, Procaine

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Since the human body is not the same as a household appliance, I understand Dr. Hardy makes 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 almost every chronic and refractory malady.

I further acknowledge that it is my right to cease therapy at any time.

Finally, I understand that my insurance carrier will not pay for these therapies in spite of their safety, cost (relative to patent medicines), and effectiveness.

With full awareness of the above facts and considerations, I give my consent to Dr Hardy for treating me with these therapies.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_