

CONSULTATION CONTRACT HARRY D. FRIEDMAN DO, FAAO

Consultation services are provided to assist you to achieve pain relief, health and wellness. Inflammation is understood to be the underlying mechanism in pain of all kinds, musculoskeletal and other sources, and in most chronic disease processes. Understanding and alleviating sources of inflammation is an essential step to overcoming pain and experiencing health and wellness. The following consultations are available:

— **Inflammation Consultation** to address and attempt to resolve underlying sources of inflammation and to support the body's physiology to control it by reducing its production and enhancing its elimination. Often, gastrointestinal imbalances cause disturbances which create inflammation and interfere with the body's ability to be nourished, making proper nutrients unavailable to support pain relief, health and wellness. This service will provide a program to eliminate common sources of inflammation and support the body's engine to run more efficiently and with less waste. Natural anti-inflammatory products will also be incorporated. This program includes changes in diet, dietary supplements, other natural remedies and activity management (exercises). Please submit the following lab tests, done in the last 6 months, to assist me in providing the optimal program for you; CBC, Chemistry Profile, Lipid Profile, C-Reactive Protein (CRP), Sedimentation Rate, Anti-nuclear Antibody(ANA), Rheumatoid Factor (RA) and Vitamin D (for a home test go to www.vitamincouncil.org and click on "am I Vit D deficient?"). A full report will be sent to you with my inflammation management recommendations and guidelines and a 15 minute follow-up phone or email conversation. *Includes 15% off on first order of supplements and remedies purchased from Dr. Friedman.*

Cost.....\$480

Additional 15 minute follow-up sessions.....\$100

— **Case Review** includes the Inflammation Consultation but also my independent expert opinion in reviewing your diagnostic and treatment history. Often, pain assessment and management regimes suffer from too much emphasis on structural pathology, trying to fit you and your complaints into a convenient diagnostic package with its own prescribed management protocol. Problem is, most people don't fit neatly into one of these diagnostic "boxes", and instead have multiple issues effecting their total clinical picture. An individualized approach is often more effective, taking into consideration the functional aspects of the body's neuromusculoskeletal and organ system network, realizing that how the body responds to the challenges of life is an integral part of the development of pain and illness. Stress management then is also a key to a successful pain relief, health and wellness program. Please send your complete medical files and any health related consultations for my review and I will provide you a written report of my opinion and recommendations regarding your case. *Includes 20% off first order of supplements and remedies purchased from Dr. Friedman*

Cost for 1st 2 cm. of records reviewed.....\$1200

For each additional cm.....\$300

Includes 2-page report, for each additional page.....\$300

15 minute phone or email follow-up sessions.....\$100

Please download these 2 pages from your computer, as well as the Health History Form. Fill them out and return to me by fax or mail.

With my signature below I agree that I have read and understand the above consultation parameters and additionally agree to supply Dr. Friedman my health records as requested. I also understand that Dr. Friedman is not my primary healthcare provider and that Dr. Friedman is not providing me with a medical diagnosis or a medical treatment plan. He is only providing me with information that he feels may be useful and any questions about the medical appropriateness of any of these suggestions should be brought to the attention of my healthcare provider. I also understand that some of Dr. Friedman's recommendations may stimulate healing and the elimination of excess inflammation and may cause me to feel ill. I understand that this is a common and normal response to this kind of program and I agree to bring this to Dr. Friedman's attention should it occur so he can advise me accordingly. I also agree to allow Dr. Friedman to use my credit card to deduct fees for services rendered.

_____ signature

_____ date

Billing information:

Name _____
Address _____
Phone _____
Email _____
Credit Card Number _____
Expiration date _____