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Office Guidelines

Office Hours:

Monday	10a.m.-6p.m.
Tuesday	10a.m.-6p.m.
Wednesday	by appointment
Thursday	10a.m.-6p.m.
Friday	10a.m.-6p.m.

Office Visits:

PLEASE BE ON TIME FOR YOUR APPOINTMENTS. THIS IS TO INSURE FAIRNESS TO BOTH OTHER PATIENTS AND TO THE DOCTOR. MINDFULNESS OF THE NEEDS OF OTHERS IS ALWAYS A GOOD IDEA.

If someone can accompany you to your office visit, I highly recommend this so both of you can digest the information received.

Please bring a notebook to your office visits to write down answers to any questions that you might have.

Please bring a list of your questions with you to your office visits. I find this helps both you and I to be organized and thoughtful with regards to formulating your treatment plan.

The first office visit will entail a detailed history taking, physical exam and suggestion of necessary laboratory work. All laboratory work needs to be done at a Quest facility near you. About 4 weeks after your blood has been drawn, a second office visit will occur.

The second office visit will entail a detailed review of your laboratory work. Discussion of a treatment plan will occur and be put into place. Please remember to have your blood work done on a Monday, Tuesday or Wednesday as there is a shipping time for it to get to Igenex. Otherwise it will sit in the post office and the serum will not be good for assay use.

Roughly 2-4 weeks later depending on the patient and the severity of the disease, patients will return for another office visit to review progress.

Subsequent office visits will then be determined based on the individual needs of each patient.

Please refrain from wearing ANY scented products into the office as patients are often chemically sensitive and simply cannot tolerate odors.

Please be clean and bathed when coming to an office visit.

Please be mindful of other patients in the office.

I strongly recommend muscle toning at least 2 days/week for 20 minute sessions. If this is not possible, 20 minute walks 3-4 times/week is recommended.

I strongly recommend that patients avoid alcohol during treatment.

I strongly recommend refraining from smoking during treatment.

I strongly recommend patients to avoid the Lyme Vaccine.

I recommend rest and sleep when possible with as little distraction as possible. This means no TV, ipods, radio, or CDs and tapes. The intent is to “calm” the brain.

Try and stay warm and dry with plenty of blankets to avoid chilling.

A diet of vegetable broth, herbal teas, brown rice, millet, carrots and fruit is advised. Selected and preferably organic meat, eggs, legumes, beans and nuts is also advised. Avoid sugar, wheat and dairy products at ALL costs.

Elimination through bowels, bladder, and sweating is essential to treat toxicity and prevent complications. Therefore I encourage prune juice and magnesium to promote loose stools once or twice a day.

Patients should try and keep their environment full of warm, soft colors and warm textures with natural light. Include plants and flowers. The caregiver should be cheerful, peaceful, attentive, observant, encouraging, loving and respectful of the profound healing wisdom of the body.

Patients will not be permitted to go longer than 8 weeks without a follow up appointment. It is important in the healing process to check in with you physician fairly regularly. This is also a medicolegal issue.

In an effort to conserve time and energy, when phoning the doctor, please leave your name and number ONLY with a BRIEF message of your needs. Messages will be checked periodically.

Prescriptions will be filled for 2 months. No other refills will be dispensed until a proper follow up visit occurs. This is to protect you and the doctor as this is a medicolegal issue.

PLEASE DO NOT PHONE THE OFFICE FOR YOUR LABORATORY RESULTS. YOU WILL RECEIVE THEM AT YOUR FOLLOWING OFFICE VISIT. IF THERE ARE ANY VALUES THAT NEED IMMEDIATE ATTENTION, THE DOCTOR WILL PHONE YOU.

Adherence to these guidelines is much appreciated. I am interested in your well being and I have found through both my clinical experience and personal experience that these suggestions optimize your healing experience.

I have read these guidelines and received a copy.

Patient's Signature _____ Date _____

Physician's Signature _____ Date _____