



**THE
NEVADA
CENTER, INC.**



*Frank Shallenberger, M.D., H.M.D.
1231 Country Club Drive
Carson City, NV 89703
(775) 884-3990
Fax: (775) 884-2202
<http://www.antiagingmedicine.com>
nvcenter@rvbell.net*

Dear Patient,

Thank you for your inquiry about my practice. My staff and I are here to serve you in whatever capacity you wish. Please take the time to read the enclosed information about our clinic. The Nevada Center is a modern, full service medical clinic specializing in safe and effective natural therapies for the symptoms of aging, disease prevention, and medical conditions. I have been offering individualized treatment protocols combining the best of both conventional and alternative medicine for over 20 years. During this time, I have successfully treated virtually every disease there is. The emphasis is on treating the cause of the disease, not merely the symptoms. I employ dietary manipulation, herbs, vitamins and minerals, homeopathy, detoxification, neural therapy (like acupuncture), oxidation therapy, natural hormone replacement, chelation therapy, and lifestyle modification to optimize the body's innate ability to heal itself. Some of the most common conditions I treat are fatigue states, heart disease, chronic infections, autoimmune diseases, musculo-skeletal pain, and pediatric and female disorders. We also use some of the most effective therapies available to treat wrinkles, age spots, acne scars, uneven pigmentation, spider veins, unwanted hair, and cellulite.

I am licensed to prescribe medication, however most medical problems can be successfully treated without the need for drugs and their potential side effects. I am board certified in anti-aging medicine, and I am a member of The American College for the Advancement of Medicine, The Nevada State Board of Homeopathic Medical Examiners, The American Preventive Medical Association, and the International Society of Cosmetics Laser Surgeons. I and my Staff are committed to providing you with the very best in alternative and conventional medicine, as well as information and support you need to get well in a sensitive and unhurried manner. If you have any questions at all, don't hesitate to call the clinic and speak to my wife Judy. If you access the Internet, you can learn a lot about what we do at my website: www.antiagingmedicine.com.

Sincerely,

Frank A. Shallenberger, MD, HMD

Office Policies:

Fees

Initial Consultation - \$350

Follow up visits - \$125 and up

Note: \$175 deposit is required for all New Patient Consultations at the time the appointment is booked. The payment is fully refundable if appointment is cancelled 72 hours in advance, otherwise it will be forfeited. For Monday appointments, the cancellation notice must be given by the previous Thursday. Established patients will be charged for a missed appointment or if you do not cancel within 24-hours, that charge is \$50.

Billing

We do not bill patients or insurance companies. Please be prepared to pay for all services at the time they are rendered. If you leave the clinic without paying, there will be a \$15.00 billing charge and a 2% service fee for each month the balance goes unpaid. We accept check, cash, money order, Visa or Master Card. Any special arrangements should be agreed upon before your visit.

Insurance

At the end of each visit, you will be given a completed form, which can be used for insurance reimbursement. Insurance reimbursements will go directly to you. We are happy to explain to you how to make a claim on your policy if you are unfamiliar with how it is done. Be sure that you read your policy very carefully, and are familiar with your terms. Most insurance companies will cover office visits. However, Supplements, IV Therapies, Specialized Tests, and Homeopathic Medications are usually not covered.

Medicare

Our office does not accept Medicare Insurance. Medicare does not cover Homeopathic / Alternative Medicine. We do however offer our Medicare patients a 20% discount on all services rendered and 10% discount off all products.

Appointments

Please keep your appointment and please be on time. A missed or late appointment not only compromises your best care, but also can set the doctor back, causing a wait for all patients the rest of the day. An adequate cancellation notice will allow patients on the cancellation list to get in sooner. If you do not cancel within 24-hours, you will be charged **\$50**. As a courtesy, we do give you a reminder call. If you do miss your appointment, please call to reschedule as soon as possible. We really appreciate your help with this policy!

Children

We love them too, but it is often impossible to conduct a thorough examination when there is a toddler present. Please arrange for someone to come with you if a toddler is present.

Phone Calls

We realize that your phone calls are an important part of our service to you, and we will make every effort to return them as soon as we can. However, in a busy clinic phone messages can sometimes be misplaced, so if you don't hear back from us in a timely manner, please call back.

Emergencies

Please call the clinic anytime you have an urgent problem. If it is not during our normal business hours, the 24-hour directory will put you through to Dr. Shallenberger directly ***urgent matters only please.**

NEVADA CENTER AND INSURANCE BILLING

Nevada Center does not bill insurance from this office. However, we will provide you with an insurance superbill that can be submitted to your insurance company. Before you leave our office be sure to check your itemized superbill, and make sure that there is a diagnosis code at the bottom of the page. This code tells your insurance carrier the condition for which you were seen. You may also request an additional copy of the superbill for your personal records. Attach the superbill to your insurance carriers insurance form and mail to the applicable mailing address.

If you are receiving treatments for cancer or other extensive protocols ask Robin about the private insurance billing services that we refer to. Using a private service will insure that you get the best reimbursement possible.

While many insurance companies do not cover some of the alternative services that we provide, Dr. Shallenberger is a licensed medical doctor in the state of Nevada, and therefore, office visits and other allopathic treatments should be covered once your deductible is met. It is important to always submit your bill from this office and apply it toward your deductible. Some exceptions to this would be insurance companies such as Kaiser and HMO. If you have a PPO they will pay a lesser percentage but you should still send the bill to them. Please check with someone at our front desk if you have need of further clarification.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy Shallenberger", with a long horizontal flourish extending to the right.

Judy Shallenberger
Clinic Director

PATIENT REGISTRATION FORM

Patients Name (Last, First, MI) _____

Social Security # _____ Date of Birth _____ Age _____ Marital Status _____

Address (City, State, Zip) _____

Home Phone # _____ Alt# _____ Referred by _____

Employed by _____ Occupation _____ Business Phone # _____

Spouse's Name _____ Spouse's Phone # _____

Nearest relative/friend not residing with you and their contact information

Name _____ Home Phone: # _____ Business Phone # _____

Signature of Patient _____ Date _____

THE SECTION BELOW IS TO BE FILLED OUT BY THE PATIENT'S LEGAL GUARDIAN IF APPLICABLE.

Name _____ Address _____ City _____ State _____ Zip _____

Relationship to Patient _____ Social Security # _____ DOB _____

Signature of legal guardian _____ Date _____

Yes, I would like to receive emails from the Nevada Center

Email address _____

No, Please do not send emails

HEALTH HISTORY

Name _____ Date _____

Occupation _____ Age _____ Height _____ Sex _____ Number of Children _____

Marital Status Single Partner Married Separated Divorced Widow(er)

Are you recovering from a cold or flu _____ Are you pregnant? _____

Reason for office visit: _____

List current health problems for which you are being treated: _____

What types of therapies have you tried for these problem(s) or to improve your health over-all:

- Diet Modification Fasting Vitamins/Mineral Herbs Homeopathy Chiropractic Acupuncture Conventional Drugs

Do you experience any of these general symptoms EVERY DAY?

- | | | | | |
|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> Debilitating fatigue | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Constipation | <input type="checkbox"/> Chronic pain/inflammation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Nausea | <input type="checkbox"/> Fecal Incontinence | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Disinterest in sex | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary Incontinence | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Disinterest in eating | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Low grade fever | <input type="checkbox"/> Itching/rash |

Current medications (prescription or over-the-counter) _____

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis) _____

Outcome _____

Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, Illness, Injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mark the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest) 1 2 3 4 5 6 7 8 9 10

Identify the major causes of stress (e.g. changes in job, work, residence, finances, legal problems) _____

Do you consider yourself underweight overweight just right your weight today _____

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? _____

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)? _____

What are your current health goals: _____

Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental Problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eye, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other _____

Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer
- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other _____

Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other _____
- Date of last GYN exam _____
- Pap + -
- Form of birth control _____
- # of children _____
- # of pregnancies _____
- C-section
- Age of first period _____
- Date of last menstrual cycle _____
- Length of cycle ____ days
- Interval of time between cycles ____ days
- Any recent changes in normal menstrual flow (e.g. - heavier, large clots, scanty) _____
- Surgical menopause
- Menopause

Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other _____

Health Habits

- Tobacco
 - Cigarettes #/day _____
 - Cigars: #/day _____
- Alcohol:
 - Wine # glasses/day or wk _____
 - Liquor # oz/day or wk _____
 - Beer #glasses/day or wk _____

Health Habits (continued)

- Caffeine
 - Coffee #6 oz cups/day _____
 - Tea #6 oz cups/day _____
 - Soda w/caffeine #cans/day _____
 - Other sources _____
- Water # glasses/day _____

Exercise

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk -# days/week _____
- Run, jog, other aerobic - #days/week _____
- Weight lift #days/week _____
- Stretch #days/week _____
- Other _____

Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction
- Specific food restrictions:
 - Dairy Wheat Eggs
 - Soy Corn All gluten
 - Other _____

Food Frequency

- Number of servings per day:
 - Fruits (citrus, melons, etc) _____
 - Dark green or deep yellow/orange vegetables _____
 - Grains (unprocessed) _____
 - Beans, peas, legumes _____
 - Dairy, eggs _____
 - Meat, poultry, fish _____

Eating Habits

- Skip meals - which ones _____
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

Current Supplements

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening Primrose/GLA
- Calcium, source _____
- Magnesium
- Zinc
- Minerals, describe _____

- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol, etc.)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals (Ensure)
- Other _____

I Would Like To:

ENERGY - VITALITY

- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive

BODY COMPOSITION

- Loose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible

STRESS, MENTAL, EMOTIONAL

- Learn how to reduce stress
- Think more clearly and be more focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated

LIFE ENRICHMENT

- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle

PATIENT CONSENT FORM

The department of Health and Human Services has established a “Privacy Rule” to help insure that personal information is protected for the privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients’ consent for uses and disclosures of health information about the patient to carry our treatment, payments, or health care operation. As our patient we want you to know that we respect the privacy of your personal medical information and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide minimum information to only those we feel are in need of your health care information, treatment,, payment, and health care operations in order to provide minimum information to only those we feel are in need of your health care information, treatment, payment, and health care operations in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your own personal medical records. We may have indirect treatment relations with you, (such as laboratories that only interact with health care providers not the patient themselves), and may have to disclose personal health care information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your (PHI). You may not revoke actions that have already been taken, which relied on this or a previously signed consent.

If you have any objections to this form, please speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Signature of Patient _____ Date _____

**Informed Consent for Integrated Allopathic /Homeopathic Medical Treatment
Received at the Nevada Center Inc., and Frank Shallenberger, M.D., H.M.D.**

I, _____ have sought medical care from Frank Shallenberger, M.D., H.M.D. I have chosen to do this of my own free will. Aim aware that Dr. Shallenberger is licensed as both an allopathic and as a homeopathic physician. Allopathic medicine refers to medicine as it is commonly practiced in the United States, a system that uses pharmaceuticals and surgery as the primary modes of therapy.

Homeopathic medicine refers to a system that uses naturally derived mediations such as herbs, vitamins, minerals, enzymes, etc. to promote and restore a healthy balance to the body. Because Dr. Shallenberger is dually trained and licensed in both systems, he is fully qualified to determine whether the use of homeopathic treatments, allopathic treatments, or a combination thereof would be in my best interest. Dr. Shallenberger emphasizes the importance of nutrition, exercise, attitude and non-toxic remedies as the therapeutic mainstays for restoring a patient to his or her optimal state of health.

I realize that Dr. Shallenberger's integrated approach to medical therapy may not be as rapid as pharmaceutical or surgical therapy, that it may require more effort from me than the simple administration of a symptomatic medication for each complaint, and that some medical authorities consider it to be unproven, ineffective and even unsafe. I also understand that since every individual is inherently unique, Dr. Shallenberger cannot warrant or guarantee that his treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses that limit coverage to "usual-and customary fees for reasonable and necessary services". I realize that some of the homeopathic medical services provided by Dr. Shallenberger will not fall under this description, and I do not hold him responsible for the possible decision by an insurance company that services provided to me are not covered under a specific insurance contract.

I am consulting with Dr. Shallenberger solely for reasons concerning my own health. I am not consulting Dr. Shallenberger in order to provide any information to any enforcement, regulatory, or investigative agency of any kind.

By my signature below, I certify that I have read and understand the above.

Signature of Patient _____ Date _____

I, Frank Shallenberger, M.D., H.M.D. consider it a privilege and an honor to be a physician to _____, and I promise to provide him/her the best medical care both homeopathic and allopathic that I am capable of, in the safest, least toxic and most cost effective way that I know. I promise to listen carefully to his/her needs and desires, and to treat him/her with dignity and respect. I promise to stay knowledgeable and current in my profession, and to focus my attention not only on his/her presenting complaints, but also on preventive measures to keep him/her healthy in the years to come.

Signature of Patient _____ Date _____

THE NEVADA CENTER

Dr. Frank Shallenberger, M.D., H.M.D.
1231 Country Club Drive, Carson City, NV 89703
(775) 884-3990 Phone
(775) 884-2202 Fax

Medicare Private Contract

This agreement is between Dr. Frank Shallenberger, M.D., H.M.D., whose principal place of business is 1231 Country Club Drive, Carson City, NV 89703, and

Medicare Beneficiary: _____
(Patient's Name)

Who resides at: _____

and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balance Budget Act of 1997. The Physician has informed Beneficiary or his/her legal representative that Physician has opted out of the Medicare program effective on January 1, 2012 for a period of at least two years, to expire on December 31, 2013. The physician is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:

Please Initial each section below

- _____ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.
- _____ Beneficiary or his/her legal representative will not and cannot bill Medicare upon each visit.
- _____ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician's charge for all services furnished by the physician.
- _____ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.
- _____ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- _____ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

_____ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

_____ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.

_____ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him/her.

Executed on: _____
Date

By: _____
Beneficiary or his/her legal representative

And: _____
Dr. Frank Shallenberger, M.D., H.M.D.

Informed Consent For Sex Hormone Replacement

What are sex hormones?

Sex hormones refer to the following hormones: estrogens, progesterone, and testosterone. They are called sex hormones because they are involved with sexual reproduction and differentiation. Estrogen and progesterone are primarily female hormones, and testosterone is primarily a male hormone.

Sex hormones are important

Sex hormones are important for healthy sexual function. But they also serve many other critical roles such as preservation of the bones, muscles, skin, hair, and joints; prevention of cardiovascular and heart disease; prevention of strokes; prevention of cancer; maintenance of optimal mental and emotional function; and prevention of Alzheimer's disease. The benefits to replacing deficient hormones are obvious.

Are There Any Risks?

Don't confuse hormone replacement with synthetic hormone replacement. Synthetic hormones are not hormones at all- they are drugs that have hormone-like effects. The most common examples are the drugs Premarin and Provera. You have seen the headlines about synthetic hormone replacement. Instead of preventing disease, they have been shown to cause cancer, stroke, and heart disease.

Hormone replacement is completely different. There has never been one study that has indicated that replacing a deficient hormone with the identical hormone is dangerous. That having been said, it is important to understand that many breast and prostate cancers are hormone responsive. This means that although they are not caused by hormones, they will grow faster in the presence of hormones. For this reason, during the first year of therapy, men should have regular evaluations for prostate cancer, adwomen should be evaluated for breast cancer. For men, this means an initial prostate examination and PSA test followed by a PSA test every 4 months. For women, this means an initial breast examination followed by routine breast cancer screening.

Diagnosing a sex hormonal deficiency

Diagnosing whether or not a deficiency of one or more of the sex hormone is present is done by looking at three factors:

1. The most important criteria is the symptom pattern. Certain symptoms are characteristic of sex hormone deficiencies.
2. Abnormal laboratory tests can point to a hormone deficiency.
3. A clinical trial is the best way to diagnose a deficiency. This means prescribing the hormone and determining if the symptoms and/or lab tests are improved. If they' are, then a deficiency is confirmed.

By my signature below, I acknowledge that I have read the above, and that all my questions regarding sex hormone replacement have been answered.

Signature of Patient _____ Date _____

**THE NEVADA CENTER
1231 COUNTRY CLUB DRIVE
CARSON CITY, NV 89704
(775) 884-3990**

APPOINTMENT POLICY

**24-Hour Cancellation Notice Is Required To Avoid
Appointment Charge!!!!**

Once an Appointment, (Colonic, Bio E, IV's, Message and Doctor visits) is scheduled, that time has been set-aside for YOU; in essence it is already paid for. Our time is as important as yours so please be respectful of this.

OUR POLICY CONCERNING YOUR HEALTH CARE PROGRAM

We assume you are here to make some healthy life-style changes and look forward to assisting you in this process. These therapies will only work as well as your commitment to the program.

Signature of Patient _____ Date _____

**IMPORTANT MEDICAL LIABILITY INFORMATION AND
AGREEMENT TO ALTERNATIVE DISPUTE RESOLUTION**

Dear patient, the cost of malpractice insurance has risen to unacceptable levels. Effective July 1,2006, Dr Shallenberger, will no longer have medical malpractice liability insurance. Dr. Shallenberger and the staff of The Nevada Center are consulting with legal, insurance, risk-management, and other professionals to try and resolve this issue. Until it is resolved, Dr. Shallenberger believes his patients should know that he is not insured for medical liability.

For the present, the only options are to close the clinic or to continue uninsured while trying to resolve this problem. In deciding to continue, Dr. Shallenberger will be instituting changes in his practice to more closely manage liability risk, but the intention is to continue to provide the same high quality of Homeopathic-Integrative medicine as that he has for the past 30 years.

We realize that, despite the best of care and intention, errors may occur, and medical errors may lead to harm. As part of our interim liability risk-management policy, all patients and/or their legal guardians are now asked to sign a copy of this form attesting to the fact that they are aware that Dr. Shallenberger does not have medical liability malpractice insurance.

In addition, we must now require that all patients formally agree to utilize alternative dispute resolution consisting of a two-step process: First, mediation, and second, if necessary, binding arbitration. This process would be instead of litigation and cover any and all legal disputes involving any professional actions of Dr. Shallenberger and/or the staff of The Nevada Center. This means that you are agreeing to waive your right to sue and to a trial by either judge or jury . You are further agreeing to exclusively submit any and all disputes relating to medical care that is provided by Dr. Shallenberger and/or staff of The Nevada Center first to mediation, and if no resolution is achieved by mediation, then to binding arbitration to be determined by a single arbitrator. The rules of the American Arbitration Association shall govern the mediation and binding arbitration and all proceedings shall be conducted pursuant to the rules of the American Arbitration Association. .

These alternative dispute resolution methods are quicker and more cost effective in reaching an equitable solution for all parties involved. Because of the extreme overcrowding of the Court system and very high costs of litigation, these alternative dispute resolution methods are being increasingly employed as an alternative to the more costly and slower method of litigation by the judicial system.

The parties shall split the costs of mediating and disputes equally. Any attorney's fees incurred during mediation shall become a subject of the mediation and the parties will attempt to resolve attorney's fees during the mediation. The costs of binding arbitration shall be split between the parties equally and the arbitrator shall be empowered to award attorney's fees to the prevailing party.

Further, you agree that this agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Nevada and subject to the jurisdiction of the First Judicial District Court of the State of Nevada in and for Carson City.

Dr. Shallenberger understands that some may feel uncomfortable in signing this form. If that is the case, please do NOT sign until you discuss it with an attorney. Although Dr. Shallenberger and the staff will not be able to provide any professional services to patients who choose not to sign, we will provide any medical records we have in our possession to you free of charge so that you can select the healthcare practitioner of your choice for your continued care.

BY SIGING THIS FORM, YOU ARE FORMALLY AGREEING TO ABIDE BY THE
TERMS DESCRIBED IN THIS DOCUMENT.

Print Name _____ Date _____

Signature of Patient _____ Witness _____

Informed Consent Regarding Recommended Screening Procedures

The following procedures are recommended by the American Medical Association in order to detect certain diseases at an earlier and much more treatable stage:

PSA - An annual blood test for all men older than 50 to detect prostate cancer.

Mammography - Performed annually on all women older than 40 to detect breast cancer.

Colonoscopy - Performed on all persons every ten years starting at the age of 50 to detect colorectal cancer.

Rectal examination and occult blood screening - Performed annually on all persons older than 50 to detect rectal prostate cancer in men, and rectal cancer in men and women.

Pelvic examination and Pap test - Performed in women every three years starting 3 years after they begin having sexual intercourse, or when they reach age 21 (whichever comes first) to detect cervical, uterine, and ovarian cancer. Pap testing is not recommended in women aged 65 to 70 who have had at least three normal Pap tests and no abnormal Pap tests in the past 10 years, although pelvic examination is recommended. Pelvic examination is not recommended in women who have had their uterus and ovaries surgically removed

Breast examination - Performed annually on all women older than 40 to detect breast cancer.

Comprehensive patient evaluation - Performed annually on all person older than 50, and every two years on those under 50 to detect cardiovascular disease, skin cancer, and diabetes.

Dr. Shallenberger agrees with all of these recommendation except the annual mammography. All women should receive a copy of our breast cancer prevention instructions, as well as an informed consent regarding annual breast thermography.

All screening procedures mentioned above can be performed by The Nevada Center except the colonoscopy, which is performed by a gastroenterologist. We will give you a referral for this procedure.

By my signature below, I acknowledge that I have read the above, that all my questions regarding these statements have been answered, and that if I am a woman I have a received a copy of the breast cancer prevention instructions and an informed consent regarding annual breast thermography.

Signature of Patient _____ Date _____

Women Only

Informed Consent For Computerized Regulation Thermography (CRT) Of The Breasts

Breast cancer is a common disease. It does not spare the rich and famous, vegetarians, or women younger than forty. It occurs more often in women with who are the daughters or sisters of breast cancer victims. but it also frequently occurs in women without this history. If found early enough, it can often be cured, But all too often this is not the case. This is precisely why early detection is so important.

Thermography has over 12,000 citations and studies held within current medical journals, Breast thermography. is -becoming increaSlllglly.more Popular for two reasons. One, it is gentle to the breast There is no compression. and no ionizing radiation; Second thermographic evidence of breast disease can show up long before it can be seen on a mammogram.

Breast CRT uses non-evasive equipment that measures the temperature of the sldn on the breasts, Due to the regulating effects of the nervous system, these temperature readings are a direct function of the temperature in the breast tissue .just below the surface of the overlying skin. The process is called thermo-regulation, and it means that the more heat there is in .-a particular part of the breast, the more heat there is in the skin overlying that part.

This is the simple and fundamental basis for how CRT works. Because cancers and even pre-cancerous conditions generate heat. They generate heat through a process known as angiogenesis. A characteristic of all cancers is that they have an abnormally rapid growth rate. and in order to sustain this growth rate, they need to have a greatly increased blood supply. Angiogenesis refers to the growth of new blood vessels, and because angiogenesis generates heat, it can be detected by thermography.

Is CRT Superior To Mammography?

No. It is just different. Some cancers can be detected by CRT that are missed on mammography, and visa versa. We recommend that for a comprehensive approach, both methods be used.

CRT may be able to detect a cancer much sooner than mammography. This is because mammography is an imaging process. and it can only detect a tumor after it reaches a certain size. Keep in mind that many cancers are present for years before they are large enough to be seen on a mammogram. CRT maybe able to detect a breast cancer earlier by detect the heat from angiogenesis before the cancer is large enough to be seen on a mammogram.

In a German study conducted by Professor Wagner, 63 known cases of breast cancer were reported. 54% of the cases were correctly diagnosed by simply taking a clinical history and performing it breast examination. 76% were correctly diagnosed when mammography was used in addition to the history and examination. However, when CRT was used, the accuracy of diagnosis rose to 92% - 20% more accurate than mammography alone.

Additional evidence for an earlier detection capability of thermography can be seen in the published studies of William Hobbins, MD. In one study Dr. Hobbins demonstrated in a sample of 37,050 patients. a yield of 56 cancers per 1,000 abnormal thermograms as compared to the 5.6 per 1,000 in studies utilizing mammography. This basically amounts to a ten times greater sensitivity of thermography.

Detecting Inflammation

One of the most significant benefit~ of CRT is that unlike mammography, it can detect inflammation. One study entitled, "The future of women with isolated abnormal infrared thermogram of the breast", examined the long-term effects breast inflammation discovered on routine thermography. The researchers found that 38% of those women:with thermographic evidence of inflammation eventually developed breast cancer. The researchers concluded that breast inflammation leads to an increased risk of breast cancer.

When breast inflammation is discovered on CRT, eliminating it will reduce breast cancer risk. This is usually accomplished by examining the effects of stress, hormonal balance. nutrition, diet, toxicity, and lifestyle. '

Breast Examination

Cancers can be present even when both CRT and mammography are normal. The studies show that most breast cancers are not initially discovered by either of these methods. They are found on routine examination either by the woman herself, or by a physician. .-All women should routinely examine their breasts once a month for changes, and follow up with their physician. if changes are found. In addition, all Women should have a doctor routinely examine their breasts at least once a year. .

**For Information Purposes
No signature necessary**

Breast Cancer prevention/early detection schedule

1. Take 1-2 scoops of QuickStart every day with ½ tsp of Super Fat.
2. Take one 50 mg Iodoral tablet (50mg of iodine) per day. About 205 of people will have a detoxification reaction to this, which amounts to some weakness, aches, and headaches. The reaction stems from the fact that if your body has build up a toxic level of the mineral bromine, iodine will cause your body to release it, and the temporary elevation of your blood bromine levels can cause some symptoms. This is a good reaction, because bromine is very toxic to the body, especially to the thyroid gland. If you get the reaction, stop the Iodoral until it goes away *usually 3-4 days at most). Then restart at a quarter of a tablet, and gradually increase the dose to 50 mg over the next two months. Scientific studies show that simply taking iodine in this fashion will prevent estrogen positive breast cancer - that's more than 80% of all breast cancers!
3. Take 5,000 units of vitamin D3 level for three months and then have your blood level checked. Make sure that it is between 8-100. If not, take more. If it is over 100, adjust the dose downward and recheck the levels again.
4. Have you 2/16 estrogen ratio checked. Take two DIM (di-indole methane) capsules if it is less than 2, and recheck it after three months.
5. Start taking HerBalance progesterone cream when you are 45 years old.
6. If you are taking hormone replacement therapy (highly recommended), be sure that you are taking properly balanced, bio-identical hormones.
7. If you are over 50, take 3mg, melatonin at bedtime.
8. Eat at least four servings of any of the following vegetables every week: cauliflower, broccoli, asparagus, brussel sprouts.
9. Have a digital mammogram every three years. If you can afford it, have an MRI of the breasts instead of a mammogram. They are 50% more accurate than mammograms, and are much safer. They do not involve either radiation or breast compressions. The catch? They cost \$1500-\$2000, and are not covered by insurance.
10. Have a breast thermography every year.
11. Have a professional breast examination every years, six months after the annual thermography examination.
12. Examine your breasts examinations every month while bathing. In menstruating women, this should be done in the week immediately after the menstrual flow stops.