



**1900 S. Telegraph, Ste. 102
Bloomfield Hills, MI 48302
Voicemail: 248.302.0473
Facsimile: 248.792.0345**

Dear Patient,

I am trained in providing complementary care to support your body and immune system to fight cancer and manage side effects from conventional oncologic treatments. I use natural, non-toxic therapies to treat the whole person and encourage the self-healing process.

Cancer, unlike any other disease, is a very personal disease. Patient outcome may vary significantly among patients who have the same cancer. No two patients with cancer are identical. The appropriate treatment plan is individualized based on each patient's needs and history, with the ultimate goal of upholding the patient's best interests and wellbeing.

Keri Topouzian, D.O.

Disclaimer/Consent

I understand that Dr. Topouzian is not an oncologist. I understand that the medicinal products that Dr. Topouzian recommends are not approved by the Food and Drug Administration. However, these products have shown to be effective in supporting organ functions and the immune system to help fight cancer and manage side effects from conventional cancer treatments.

I understand that mistletoe (*viscum album*) is a homeopathic medication lawfully sold in the United States under the FDA's homeopathic policy guidelines for oral administration "for temporary relief of headaches". I understand that the use of mistletoe subcutaneously (under the skin) for cancer is "off label". Using a drug off label is a common practice and legal.

These ampules are tested regularly by an independent laboratory for sterility. I understand that the recommendations are not intended as an alternative to but rather as a complement to conventional cancer treatment.

I understand that Dr. Topouzian may refer me to another doctor for additional treatment. I understand that I am responsible that Dr. Topouzian receives any relevant and updated test results (blood work,

CT/PET scans, etc). I understand that I am responsible to keep Dr. Topouzian informed about changes in my medical regimen. I have had the opportunity to ask questions and have had them answered fully. I am requesting Integrative medicine treatment and mistletoe as an adjunctive support for my medical condition.

Dr. Topouzian explained the risks and benefits associated with use of mistletoe, including potential adverse events, contraindications, and/or complications.

Dr. Topouzian discussed alternative therapies and treatment modalities with me. With a full understanding of those risks, including the risk that mistletoe therapy could be ineffective for my specific condition, I hereby consent to use of mistletoe in my treatment.

I offer this consent of my own free will. I am over the age of 21 and of sound mind. I have not been promised any benefit or bargain in exchange for my signature below.

Patient Signature _____ Date

Witness _____ Date