

HEALING — THE — EYE _____ & Wellness Centers

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CONSULTATION FORM FOR USE OF MICROCURRENT STIMULATION IN THE TREATMENT OF AGE RELATED MACULAR DEGENERATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Email address _____

Daytime Phone _____ Evening Phone _____

Please answer the following questions:

- 1) When was your last eye exam ____ Months ago.
- 2) Have you been diagnosed as having macular degeneration ____ Yes ____ No
- 3) What is the level of your vision?
Right Eye Less than 20/400 ____ Better than 20/400 ____
Left Eye Less than 20/400 ____ Better than 20/400 ____
- 4) What type of macular degeneration do you have?
____ Dry ____ wet ____ diabetic ____ don't know
- 5) Have you had laser surgery for your macular degeneration? ____ Yes ____ No
- 6) Have you been told that nothing else can be done for your degeneration?
____ Yes ____ No
- 7) Are you currently taking vitamin supplements? ____ Yes ____ No

What product (s) _____

www.healingtheeye.com

1.800.430.9328

8) Please grade your limitations with the following activities.

Use the following scale: (5 severely limited, 4 moderate limitation, 3 mild limitation, 2 little limitation, 1 slight limitation, 0 No limitation)

Reading ___

Watching TV ___

Driving ___

Shopping ___

Sporting Activities ___

9) Do you have a pacemaker? ___ Yes ___ No

10) Are you pregnant? ___ Yes ___ No

11) I will continue to have follow up examinations every 6 months and submit my levels of vision and function after using the microcurrent stimulation unit.

___ Yes ___ No

CONSENT FORM FOR MICROCURRENT TREATMENT OF AGE RELATED MACULAR DEGENERATION

I hereby release Edward C. Kondrot, MD, Alternative Medicine for the Eye and contractors including physicians and suppliers from any and all liability whatsoever associated or connected with my Microcurrent Stimulation Consultation and/or use of any Microcurrent device. I hereby state that I am an adult and that I am aware of the potential side effects associated with Microcurrent treatments. I hereby agree to answer truthfully all of the medical questions on my questionnaire. I understand that no doctor, nurse, or administrative personnel can guarantee that the Microcurrent treatments, even if prescribed and used according to the instructions provided, will provide the results I seek. Further, I understand that even if prescribed, I may suffer adverse effects from Microcurrent treatments. I hereby release Edward C. Kondrot, MD, Healing the Eye & Wellness Center and all of its employees and contractors including physicians, suppliers, and product manufacturers, from any and all liability whatsoever associated with any adverse effects I may suffer from my use of Microcurrent device(s).

I am participating in this program at my own choice, at my own expense and my own liability and assume ALL responsibility for my use of Microcurrent stimulation. I fully understand that it is my responsibility to have an annual physical examination, including any suggested laboratory tests, to ensure that I have no diseases or conditions which might make Microcurrent treatment inappropriate for my condition. I further agree that I have consulted with my physician and/or pharmacist and hereby warrant that I am not taking any medications or combination of medications that are on the published list of medications which would make Microcurrent stimulation contraindicated. I further agree that I will not use the Microcurrent device in any way that is contraindicated in the published labeling which accompanies the device. I further agree to immediately notify any doctor whose present care I am under that I have chosen to use the Microcurrent stimulation device so that they may advise to continue or discontinue use. We are unable to accept returns or issue refunds of any orders due to the fact that this is a prescription device and no guarantees as to effectiveness can or will be made. Customer is responsible for all customs, tariffs, and taxes, if applicable to their country. The Microcurrent devices are normally used for pain management. The following applies to those patients using Microcurrent stimulation for the treatment of Macular Degeneration.

The macula of the eye is the centermost, most sensitive area of the retina. A healthy macula provides us with good vision for distance, reading, and detailed visual acuity. Macular degeneration is typically a slow, relentless, progressive deterioration of the light sensitivity cells of the macula. The degeneration process gradually decreases your ability to see detail, especially in the center of your visual field and may lead to nearly complete loss of the central visual field.

I understand that:

- 1) A combination of vitamins, minerals, and supplements may be suggested and supplied in addition to a weak electrical current stimulation to the lids of the eyes in this treatment and/or study.

2) At least twice annually, I will have my eyes tested for intraocular pressure, visual acuity, color perception, and visual distortions, and will be examined internally and externally.

3) At this time, other than laser surgery and possible nutritional supplements, there is no treatment known to help macular degeneration.

4) I cannot be assured that this treatment will be successful for me and I am free to discontinue treatment at any time.

5) The treatments consist of mild electrical currents (less than 3.5 milliamps and usually closer to 200 micro amps) which will be applied to the skin near my eyes each day. There is no danger of shock and only a very minimal possibility of either pain or discomfort. All instruments are battery operated.

6) The Microcurrent devices are legally marketed in the USA for the treatment of pain. The treatment of retinal disease with these devices is considered an off-label indication. The FDA does permit physicians to use legally marketed devices, such as the Ocular Microcurrent Stimulator, for off-label indications, when such indications are within a legitimate doctor-patient relationship.

7) Although no side effects have been reported when using the Microcurrent in this manner, electrode burns and skin irritation could possibly occur. Possible ocular complications, not yet known, could also occur, leading to further loss of vision.

8) Significant loss of vision is part of the natural progression of the disease, macular degeneration, which I already have. Hence, any future loss of vision which may occur cannot necessarily be attributed to these treatments.

9) It is my responsibility to read the Microcurrent Stimulation product labeling. That labeling is included in the manual which is supplied with each device

I have read and understand the above:

Signature _____ Date _____

Witness _____ Date _____

Technician _____ Date _____