

Medical Consent Form

To Whom It May Concern:

To: _____

From: _____

SSN# ____ - ____ - ____
DOB _____
Telephone # _____

.....

I the undersigned authorize _____, (and directs the above) to forward to;
Dr. Pierre Gaulin CMD.: F.R.C.P.... et al. 2637 E Atlantic Blvd #119, Pompano Beach, Florida, 33062 1-954-254-7999 Email RENECAISSE@AOL.COM all necessary and relative pertinent and **complete** information or my physician(s) / hospitalization/ health care provider(s) and/or treatment(s) received at yours institution.

Let this be your good and sufficient authorization and authority to release to Dr. Gaulin et al ANY and ALL medical reports, X Rays and films and or reports, hospital records, charts, photographs and ANY medical information requested by Dr. Gaulin Lazore Khanataronk et al. Furthermore I authorize all medical personnel to have verbal discussion on my case with the above named physician.

NB: This authorization is to **include** any psychiatric, drug, alcohol, or HIV medical Records

A COMPLETE MEDICAL FILE AND RECORD IS REQUIRED
This to include everything on my file that is from cover to cover without exclusion

Dated this ____ day of _____, 20__

X _____
Patient / Guardian

X _____
Witness

Your prompt attention is requested, This patient has a serious condition, and the information is part of good medicine/therapy

STAT _____ URGENT _____ RUSH _____ NORMAL _____

CONSULTATION ON TREATMENT STIPEND

If services of Dr. Gaulin et al are required, sought or rendered. Dr Gaulin et al has a one time stipend (fee) of 200.00 us\$ This includes the preliminary evaluation, assessing the complete medical history (on hand) X Rays, and all the future follow up medical history, all telephone conversations, consultations, about the protocol or therapy

You may call the doctor at any time (1 954 254-7999) in Florida USA, he will give you advice over the telephone and possibly adjust the protocol if required, he will follow up all new medical reports sent to him and give recommendation(s) as to the regression or progression or status quo of the case and the condition(s)

The consultation includes any therapy that the patient may require for the improvement of his or her condition(s) the advise will include any Alternative protocol including but not limited to; Essiac , 714X, Aeterna, Laetrile , B 17, Benzaldehyde, Chinese herbal medications, Acupuncture, Galenical Formulation(s), Halian.; HBO, Koch therapy; Hydrazine Sulfate, and many others, This in harmony or in conjunction with your present Allopathic (Western Medical treatment including Surgery or post op, Chemotherapy protocol and Radiation Harmonize and place into equilibrium the Rx drug protocol with the Alternative and or Integrative protocols

. Dr Gaulin et al work with any and all present physician and they may at any time call for discussion of the therapy, this in the best interest of the patient. Let your physician know that they can call at any time, the moto of this office is.

we all work together against diseases and not against each other

Make checks payable to Dr. P Gaulin et al NOT to Essiac It can also be charges to your credit card Visa or Master Charge **NOT** America Express

Gloq Adm for Dr Gaulin et al

**Dr Gaulin et al
2637 E Atalantic Blvd #119
Pompano Beach Fl 33062
1 954 254-7999
e mail renecaisse@aol.com**