

Telemedicine Release Form

Date _____

I, _____ am requesting a telemedicine e-mail/phone consultation with Dr. Ava Frick regarding my animal _____, a dog, horse, cat, rabbit (*circle one*). I understand that her recommendations will be based on questions discussed during the e-mail/phone consultation, laboratory tests &/or reports, her expertise as a veterinarian in the fields of clinical animal nutrition, pain management, and animal rehabilitation, in addition to the documents that I have provided via email or postal delivery (not faxed).

Necessary & Mandatory Items		Optional
<input type="checkbox"/> History	<input type="checkbox"/> C.A.N. questionnaire(Dog, Cat)	<input type="checkbox"/> Radiographs
<input type="checkbox"/> Fur Sample x2	<input type="checkbox"/> Saliva sample	<input type="checkbox"/> Primary Care Veterinarian's chart or report
<input type="checkbox"/> Photographs (of Animal)	<input type="checkbox"/> Food sample/s	<input type="checkbox"/> Other _____
<input type="checkbox"/> Completed Client Information Form		_____
<input type="checkbox"/> Laboratory reports from past 12 months		

Dr. Frick may recommend nutritional supplements, herbs, vitamins, minerals, dietary improvements, exercises, therapeutic modalities or pain management medical devices to assist my animal in regaining health, strength, and reducing anxiety or pain. She also may offer recommendations that can be taken to my primary care doctor or another veterinary or animal professional for review and consideration. With these recommendations I will then choose what I would like to do for my animal.

Signature of owner

TELEMEDICINE INFORMATION FORM

All must be answered, please.

Please Print Clearly or Type

Date: _____

Animal Name: _____ Age: _____ Wt: _____ lbs Cat / Dog / Horse or Other: _____

Breed: _____ Sex: _____ Spayed / Neutered / Intact Color: _____

Client Name: _____ Spouse/Co-Owner: _____

Street Address: _____

City _____ State: _____ Zip code _____

Home phone: _____ Cell: _____ Work: _____

Email Address: _____

HISTORY: (Please list any past significant illnesses, injuries, surgeries, etc., and the dates thereof)

CURRENT SITUATION CONCERNING YOU:

LIST ANY TREATMENTS, MEDICATIONS OR SUPPLEMENTS ANIMAL CURRENTLY TAKING:

DIET BEING FED, INCLUDE EVERYTHING:

LIST ANY SPORTING OR SHOW EVENTS IN WHICH YOUR ANIMAL PARTICIPATES:

WHAT ARE YOU LOOKING TO ACCOMPLISH WITH THIS?

Signature (owner/agent) _____

Daily Record of Food Intake for _____

Date: _____

Your pet's diet may be an important key to his better health. Record the time of meal, type of food, or nutritional supplements given, and how much of each item your pet consumes each day. At the bottom of the page, please note the type and approximate quantity of water your pet drinks per day (i.e. tap, spring, filtered, bottled, please include the brand name and any other relevant information). Make any further notes of importance on the back of this form.

Note: It is important to take into account things your pet consumes in addition to regular meals.

For example, does your pet receive treats from shop owners, the teller at the bank, the groomer, trainer, kennel, doggie day care, other relatives in your home, children in your home accidentally dropping food on the floor, pet or human food treats on special occasions? Do you disguise medications or supplements in treats/food items? Please note if your pet eats or drinks unusual items in the yard, at the park, on the floor, etc. Please attach recipes if you home prepare raw or cooked foods for your pet.

Type of material your pet's food and water dishes are made of: _____

Do you microwave your pet's food? _____

Morning: Record time of day your pet eats the morning meal here: Time: _____ **A.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: _____ Other food, supplements, or treats in A.M. _____

Noon: Record time of day if your pet eats a noon meal here: Time: _____

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: _____ Other food, supplements, or treats at noon: _____

Evening: Record time your pet eats an evening meal here: Time: _____ **P.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: _____ Other food, supplements, or treats in the evening: _____

Water: Type/Brand: _____

Approximate amount of water consumed daily: _____

PROCEDURE AND COSTS OF TELEMEDICINE

Step One: 1st Assessment Tissue Mineral Analysis (TMA)

You will need to clip 1 teaspoon of fur from the belly or chest, put in an envelope and send to the lab. We will provide a form with our contact information on it to accompany the fur sample to the lab. When we get the report in approximately 3-4 weeks, and we have documents and samples from you, the customized analysis will begin.

Step Two: Review of all documents, tests, and forms, including TMA

Step Three: Bio-frequency Tests

A

You need to provide a cheek swab on a Q-tip - put into a plastic bag or envelope and combed out fur in an envelope. Tests will be run using the fur and cheek DNA for:

- Toxins & Contaminating Elements (Virus, Bacteria, Heavy Metals, Chemicals, Parasites)
- Sensitivities
- Allergens
- Body organs
- Foods

This directs us to the etiology (the cause of a disease) of current and past apparent conditions and how to select the products for correcting the body conditions.

B

Product recommendations (ours here and you may send some of what you are currently using to have assessed as well). Selections include from vitamins, minerals, herbs, homeopathic products, and medicinal. The goal is to get the least amount of items to support the majority of the primary targets. With this we get the greatest return in the shortest amount of time.

Step Four: 15 Minute Phone Consultation

Dr. Ava Frick will review everything, provide a report, and contact you for a 15 minute consultation with her assessment and suggestions.

TOTAL PACKAGE COST: **\$425**

Price does not including any prescriptions. Prices are subject to change.

To get started you will need a current credit card with billing address and expiration date.

CREDIT CARD PAYMENT

MC VISA DISCOVER # _____ EXP DATE: _____

NAME _____

EMAIL _____

PHONE _____ BILLING ZIP _____