

CRIS GOLD™ – Therapeutic Selection & Physician Override Form

Version: CRIS GOLD v1.0 | Digitally Fillable Clinical Protocol Application Form

Patient Name: [REDACTED] DOB: [REDACTED]

Date: [REDACTED] Provider: [REDACTED]

Quadrant: Q1 Q2 Q3 Q4

ARI: [REDACTED] ELI: [REDACTED] Stress Index: [REDACTED] Pulse Pressure: [REDACTED]

Therapeutic Category Selection

| | | | | |
|-------------------|------|-----|------|------------|
| Drainage | Auto | Use | Skip | [REDACTED] |
| Vascular | Auto | Use | Skip | [REDACTED] |
| Cell Membranes | Auto | Use | Skip | [REDACTED] |
| Mitochondria | Auto | Use | Skip | [REDACTED] |
| Neuro / Cognitive | Auto | Use | Skip | [REDACTED] |

Protocol Application (repeat per selected category)

| Company | Product | Protocol Dose | Final Dose | Duration | Override Reason |
|------------|------------|---------------|------------|------------|-----------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

Global Physician Overrides

Allergy

Medication Interaction

Cost Constraint

Compliance Issue

Other

Notes:

Physician Signature:

Date: