

CRIS GOLD™ – Therapeutic Selection & Physician Override Form

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

Patient Name: DOB:

Date: Provider:

Quadrant: Q1 Q2 Q3 Q4

ARI: ELI: Stress Index: Pulse Pressure:

Therapeutic Category Selection

Drainage	Auto	Use	Skip	<input type="text"/>
Vascular	Auto	Use	Skip	<input type="text"/>
Cell Membranes	Auto	Use	Skip	<input type="text"/>
Mitochondria	Auto	Use	Skip	<input type="text"/>
Neuro / Cognitive	Auto	Use	Skip	<input type="text"/>

Protocol Application (repeat per selected category)

Company	Product	Protocol Dose	Final Dose	Duration	Override Reason

Global Physician Overrides

Allergy

Medication Interaction

Cost Constraint

Compliance Issue

Other

Notes:

Physician Signature:

Date: