

KETOGENIC DIET REFERRAL

Physician Name: _____

Physician Address: _____

Physician Phone: _____

Physician FAX: _____

Physician email: _____

Patient Name/DOB: _____

Patient Address: _____

Patient Cancer Diagnosis: _____

Patient Secondary Diagnoses: _____

By referring the above patient for Ketogenic Diet Therapy, I certify that he/she has no known mitochondrial disorders or a primary carnitine deficiency, which would contraindicate the use of the Ketogenic Diet as an experimental treatment for cancer.

Signature: _____

Name (printed): _____

Return to: Denise Potter RD, CSP, CDE

Ketogenic Therapies, LLC

4072 Rauch Rd.

Petersburg, MI 49270

denise@ketogenictherapies.com

RELEASE OF LIABILITY FORM

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Ketogenic Diet (KGD) experimentally used as cancer treatment

Hazards to be aware of: Kidney stones, constipation, heart disease, hypoglycemia, acidosis, malnutrition, nutrient deficiencies, lethargy, dehydration, bone loss and death.

I hereby assume all of the risks associated with utilizing the KGD experimentally as a treatment for cancer. I understand that although there is some clinical research, the full effects of the KGD as cancer treatment are unknown. In consideration for being allowed to follow the KGD, I release from liability and waive my right to sue Ketogenic Therapies, LLC or Denise Potter RD, CSP, CDE and understand that she is administering this diet as an independent contractor, under the supervision of my personal physician, _____. I will not hold Ketogenic Therapies or Denise Potter RD, CSP, CDE responsible for any and all claims, including negligence, physical injury, illness or economic loss that I may suffer because of my participation in the KGD.

I am voluntarily following the KGD. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness or even death, which may occur as a result of following the KGD. These outcomes may arise from my own or other's actions, inactions, or negligence, or from the KGD itself. Nonetheless, I assume all related risks, whether known or unknown to me, that are resultant of the KGD.

If I need medical treatment, I will be responsible for the costs associated with such treatment. I agree that I will not hold Ketogenic Therapies or Denise Potter RD, CSP, CDE responsible for any claims resulting from following the KGD. I understand that I should carry my own health insurance.

I have read this document and am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Ketogenic Therapies, LLC and Denise Potter RD, CSP, CDE from all liability, (b) waiver of my right to sue Ketogenic Therapies or Denise Potter RD, CSP, CDE, (c) assumption of all risks associated with following the KGD experimentally for cancer treatment.

I agree to allow Ketogenic Therapies, LLC or Denise Potter RD, CSP, CDE to use any and all medical and scientific data gathered during this experimental treatment for research purposes and publication.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Michigan. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Name: _____ Date: _____

Signature: _____

Sworn to and subscribed before me on this day: _____

Notary Public Signature: _____

KETOGENIC DIET THERAPY

Denise Potter RD, CSP, CDE

denise@ketogenictherapies.com

The Ketogenic Diet is a high fat, low carbohydrate, moderate protein diet designed to put the body into a state of ketosis. There is some evidence that this ketotic state will deprive cancer cells of their energy source, glucose, and have a positive impact on cancer.

In order to follow the KGD safely, certain guidelines must be followed:

- The physician referral form should be completed and returned to the email above.
- A recent History and Physical or thorough chart note should be emailed also.
- Before beginning the Ketogenic Diet, lab work must be done and results sent to the dietitian. **Labs required: Fasting Lipid profile, CBC, COMP, zinc, selenium, Vitamin D (25HD).**
- Once diet is initiated, labs (**Lytes**) need to be drawn on **Day 3, Day 6, and Day 14.** **Repeat of initial labs is recommended every 3 months to monitor for acidosis and any other potential adverse effects.**

All lab work should be emailed to the dietitian at denise@ketogenictherapies.com, preferably the same day it is drawn.

- The patient will take vitamin and mineral supplements to make up for the deficiencies in the diet. **KPhos Neutral is needed as a prescription.** The dietitian will determine dosage at 50% of DRI.
- The patient will be monitoring his/her weight, blood glucose and blood ketones.
- Physicians are encouraged to contact the dietitian to discuss the diet before referring a patient.
- Monthly reports will be emailed to the physician.

Potential Side effects: Lethargy, increased blood lipids, adicosis, constipation, hypoglycemia (low blood sugar), nausea, vomiting, diarrhea, kidney stones, death.

Patients are advised:

“Please seek medical treatment if you are not feeling well. Your physician is monitoring this diet, but please do not call his/her office with emergencies-report to the nearest Emergency Room.”

“If you need IV fluids, please ask that only normal saline be used and no dextrose. Even the small amount of dextrose (sugar) in an IV can inhibit ketosis.”