

Our Diagnostic Center Advanced Wellness Solutions programs comes with three systems on one platform.

RM-3A Medical Device

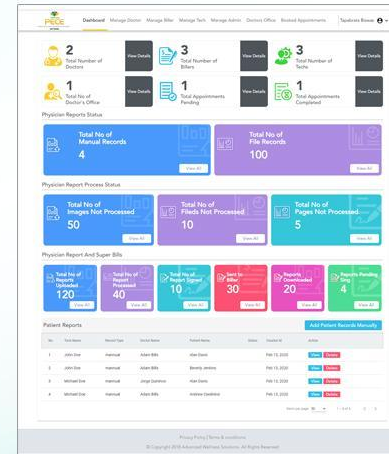
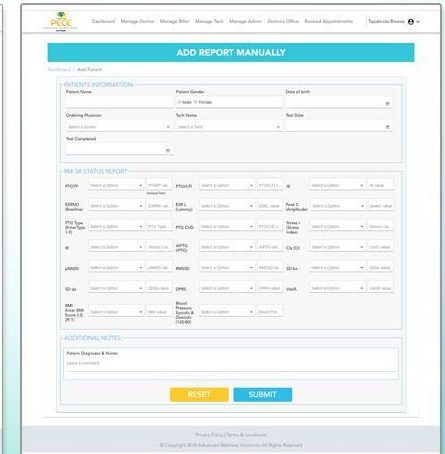


Doppler ABI

If you have them in your center already this may be unnecessary. We have a few different options that are covered in the costs of our programs.



PECE DIAGNOSTIC CENTER VIRTUAL PLATFORM

The form includes sections for:

- PATIENT INFORMATION:** Patient Name, Patient Gender, Date of Birth, Referring Physician, Referral Source, Test Date, Test Completed.
- RM-3A STATUS REPORT:** A table with columns for Test Name, Report Date, Report Status, Report ID, and Report.
- ADDITIONAL NOTES:** A text area for additional information.

Buttons: RESET, SUBMIT



DIAGNOSTIC CENTER SERVICES

**PHYSICIANS, WE ARE PROUD TO BE OFFERING A
NEW MEDICAL DEVICE AND TESTING SOLUTION
THROUGH OUR DIAGNOSTIC CENTER.**

**GET BETTER DATA ON YOUR PATIENT
POPULATION RIGHT AWAY.**



The RM-3A scan will give your practice actionable data to take better care of your patients. This is Good Medicine and will fit right in with the test ordering and referral protocols with our diagnostic center.



**Five FDA Approved
Technologies in One**



**Covered and Reimbursed by
Most Insurance Companies**



DIAGNOSTIC CENTER SERVICES

ESTABLISHING MEDICAL NECESSITY FOR ORDERING THIS FOLLOWS A VAST ARRAY OF POTENTIAL SYMPTOMS.

PLEASE REVIEW THIS LIST OF SYMPTOMS THAT MEET MEDICAL NECESSITY REQUIREMENTS FOR THIS TEST.

AUTOMONIC NERVOUS SYSTEM DYSFUNCTION (ANS/D)

- * Blurred Vision
- * Elevated Blood Sugar
- * Extreme Thirst
- * Frequent Urination
- * Fatigue (Tiredness)
- * Heartburn
- * Increased Hunger
- * Nausea
- * Numbness & Tingling in Hands or Feet
- * Vomiting

SUDOMOTOR DYSFUNCTION (SUDOD)

- * Burning Sensation
- * Difficulty Digesting Food
- * Dizziness or Fainting
- * Exercise Intolerance
- * Sexual Difficulties
- * Sweat Abnormalities
- * Tingling Hands & Feet
- * Urinary Problems

ENDOTHELIAL DYSFUNCTION (ENDOD)

- * Angina (severe chest pain, often spreading to shoulder, arm, back, neck, or jaw)
- * Chest Pain that goes away with rest
- * Heartburn
- * Pain in Calves
- * Shortness of Breath
- * Stroke
- * TIA (mini stroke)

CARDIOMETABOLIC RISK (CMR)

- * Headache
- * Dizziness
- * Swelling of Ankles

INSULIN RESISTANCE (IR)

- * Blurred Vision
- * Elevated Blood Sugar
- * Extreme Thirst
- * Fatigue (Tiredness)
- * Increased Hunger

SMALL FIBER SENSORY NEUROPATHY (SFN)

- * Burning Sensations
- * Painful Contact with Socks or Bed Sheets
- * Pebble or Sandlike Sensation in Shoes
- * Stabbing or Electrical Shock Sensation
- * Pins and Needles Sensation in Feet

CARDIOMETABOLIC AUTONOMIC NEUROPATHY (CAN)

- * Blurred Vision
- * Cold, Clammy, Pale Skin
- * Depression
- * Dizziness or Lightheadedness
- * Thirst
- * Fainting
- * Fatigue (Tiredness)
- * Lack of Concentration
- * Lack of Energy
- * Nausea
- * Rapid, Shallow Breathing

PLETHYSMOGRAPHY CARDIOVASCULAR DISEASE (PTG CVD)

- * Blood clot in a vein (Venous Thrombosis)
- * Heart Attack
- * Irregular heartbeat, too fast/slow (Atrial Fibrillation)
- * Stroke

The symptoms that lead to medical necessity for running the RM-3A test is vast. Guaranteed to give you access to the largest patient population through your current physician's network. This will outperform any other program you have at your diagnostic center.



EARLY DETECTION ALLOWS DOCTORS TO MORE EFFECTIVELY IDENTIFY SYMPTOMS AND DISEASE COMPLICATIONS IN SUPPORT OF PREVENTATIVE TREATMENT PLANS AND MANAGING RISKS FOR:

- Heart attack
- Heart Rate Variability Issues
- Cardiac Output to Body Surface Area
- Abnormal LDL Cholesterol Levels
- Insulin Resistance
- Diabetes with Complications
- Physical & Mental Stress and Fatigue
- Stroke
- Angiotensin Activity
- Atherosclerosis
- Peripheral Vascular Disease
- Hyperhydrosis & Hypohydrosis
- Impaired Glucose Intolerance
- Nerve Damage
- Obesity
- Establishes Medical Necessity for additional In-Depth Patient Testing



The RM-3A scan covers 8 major risk factors to be analyzed with high precision. This is all done in a 10-minute scan which is followed up with an ABI Doppler scan that runs 20 minutes for some cases in prereferral artery disease states.

1. Autonomic Nervous System Dysfunction



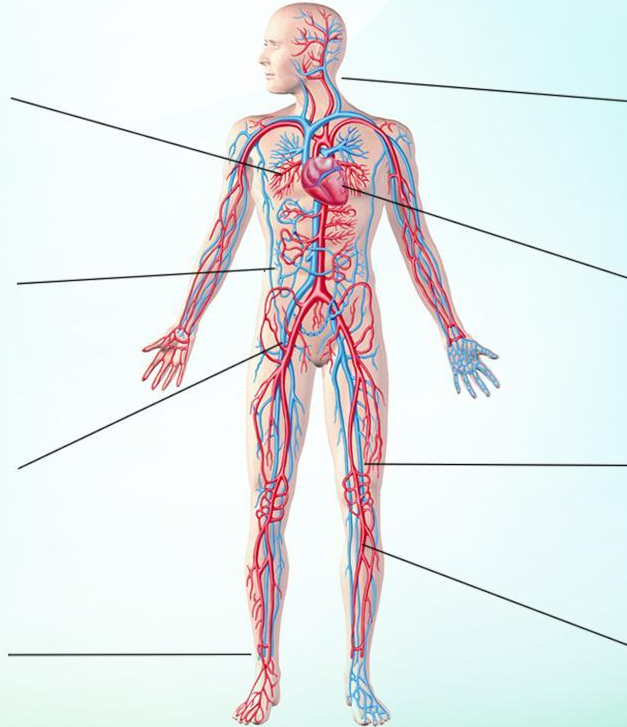
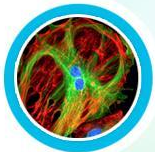
2. Insulin Resistance



3. Endothelial Dysfunction.



4. Sudomotor Dysfunction



5. Cardiac Autonomic Neuropathy



6. Cardio- Metabolic Risk



7. Small Fibre Neuropathy



8. Cardio-vascular Disease



DIAGNOSTIC CENTER SERVICES

HEALTH RISK FACTORS DEFINED

HERE IS A QUICK REVIEW OF THE HEALTH RISK FACTORS THAT THE RM-3A DEVICE REPORT IS BASED ON. ALL OF THESE ARE EASY TO READ AND ACT ON BY THE PHYSICIANS IN YOUR NETWORK.

1. AUTONOMOUS NERVOUS SYSTEM DYSFUNCTION RISK - ANSD

Problems with the ANS can range from mild to life-threatening. Sometimes, only one part of the nervous system is affected. In other cases, the entire ANS is affected. Some conditions are temporary and can be reversed, while others are chronic and will continue to worsen over time. Diseases such as Diabetes or Parkinson's Disease can cause irregularities with ANS. Problems with ANS regulation often involve organ failure, or the failure of the nerves to transmit a necessary signal.

2. SUDOMOTOR DYSFUNCTION RISK - SudoD

Sudomotor dysfunction testing may indicate to physicians a patient's peripheral nerve and cardiac sympathetic dysfunction. Neuropathy is a common complication in diabetes mellitus (DM), with 60%-70% of patients affected over their lifetime. Symptoms of neuropathy is more common than clinical neuropathy. Neuropathy may remain undetected, and progress over time leading to serious complications. The most common associated clinical condition is peripheral neuropathy, affecting the feet. Autonomic nerve involvement is common but probably the most undiagnosed. Low scores in the sudomotor may lead a medical provider to look at clinical neuropathy.

3. ENDOTHELIAL DYSFUNCTION RISK - EndoD

Current evidence suggests that endothelial function is an integrative marker of the net effects of damage from traditional and emerging risk factors on the arterial wall and its intrinsic capacity for repair. Endothelial dysfunction, detected as the presence of reduced vasodilating response to endothelial stimuli, has been observed to be associated with major cardiovascular risk factors, such as aging, hyperhomocysteinemia, post menopause state, smoking, diabetes, hypercholesterolemia, and hypertension.

4. INSULIN RESISTANCE RISK - IR

Insulin resistance is defined clinically as the inability of a known quantity of exogenous or endogenous insulin to increase glucose uptake and utilization in an individual as much as it does in a normal population. Insulin resistance occurs as part of a cluster of cardiovascular metabolic abnormalities commonly referred to as "The Insulin Resistance Syndrome" or "The Metabolic Syndrome". This cluster of abnormalities may lead to the development of type 2 diabetes, accelerated atherosclerosis, hypertension or polycystic ovarian syndrome depending on the genetic background of the individual developing the insulin resistance.

5. CARDIOMETABOLIC RISK - CMR

The specific factors that can cause this increased risk include: obesity (particularly central), hyperglycemia, hypertension, insulin resistance and dyslipoproteinemia. When patients have one or more risk factors and are physically inactive or smoke, the cardiometabolic risk is increased even more. Medical conditions that often share the above characteristics, such as type 2 diabetes, can also increase cardiometabolic risk. The primary focus of cardiometabolic risk treatment is management of each high risk factor, including dyslipoproteinemia, hypertension, and diabetes. The management of these subjects is based principally on life style measures, but various antihypertensive, lipid-lowering, insulin sensitizing, anti-obesity and antiplatelet drugs could be helpful in reducing cardiometabolic risk.

6. SMALL FIBER NEUROPATHY RISK - SFN

A small fiber neuropathy occurs when damage to the peripheral nerves predominantly or entirely affects the small myelinated fibers or unmyelinated C fibers. The specific fiber types involved in this process include both small somatic and autonomic fibers. The sensory functions of these fibers include thermal perception and nociception. These fibers are involved in many autonomic and enteric functions.

7. CARDIAC AUTONOMIC NEUROPATHY RISK - CAN

High blood glucose levels over a period of years may cause a condition called autonomic neuropathy. This is damage to the nerves that control the regulation of involuntary function. When the nerve damage affects the heart, it is called cardiac autonomic neuropathy (CAN). CAN encompasses damage to the autonomic nerve fibers that innervate the heart and blood vessels, resulting in abnormalities in heart rate control, vascular dynamics and the body's ability to adjust blood pressure. CAN is a significant cause of morbidity and mortality associated with a high risk of cardiac arrhythmias and sudden death.

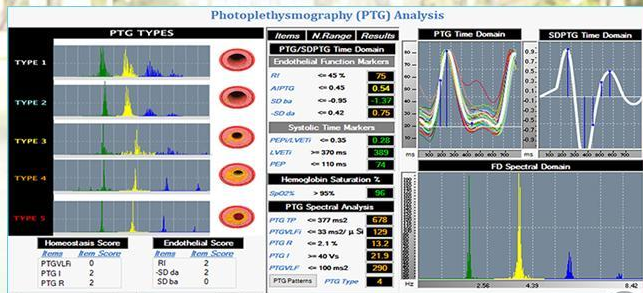
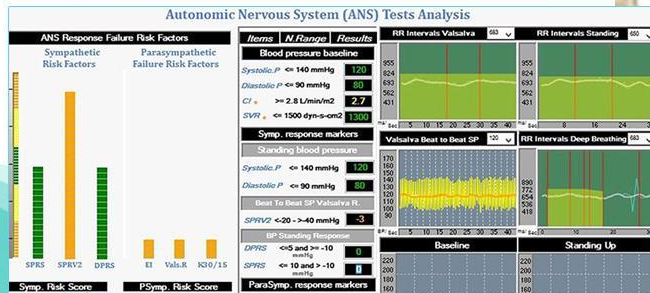
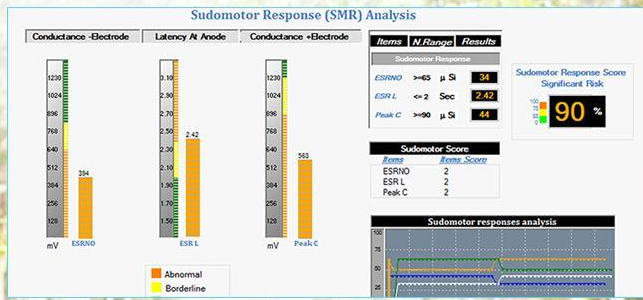
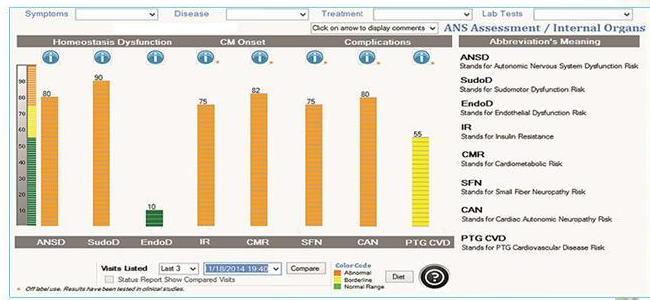
8. PLETHYSMOGRAPHY CARDIOVASCULAR DISEASE RISK - PTG CVD

The PTG CVD risk factor is the combined total of the other seven risk factors assessments. It takes into consideration the cardiovascular as well as the autonomic nervous system (ANS) measurements.



DIAGNOSTIC CENTER SERVICES

HERE ARE SOME OF THE VIEWS THAT ARE AVAILABLE IN THE 7-PAGE REPORT THAT IS DOWNLOADABLE IMMEDIATELY IN OUR EASY TO ACCESS VIRTUAL PLATFORM. YOU WILL BE ABLE TO READ THE TEST AS WELL AS REVIEW THE ENCOUNTER FORM CRITERIA TO ASSIST IN YOUR DIAGNOSIS.



We welcome requests from ordering physicians in the following Taxonomies.

- Family Medicine
- General Practice
- Primary Care
- Cardiology
- Internal Medicine
- Pain Management (Integrated Practice)
- Endocrinology
- D.O. (Doctor of Osteopathy)
- OB-GYN
- Multi-Specialty Group
- Orthopedic Surgeon (that provides long-term patient care)
- Pain Management Group with MD of proper taxonomy

