

CARDIAC WELLNESS SCREENING

Kentuckiana Integrative Medicine

405 East Court Av, JEFFERSONVILLE, IN 47130

www.RegenMedKY.com

Dr. Rafael F. Cruz MD

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DOB-Birth Date: ____/____/____ Today's Date: ____/____/____

Patient Name: _____

Address: _____

Phone: _____

Signature:  _____

*******Important Notes to Technician/Radiology Department:*******

- Please perform all the listed tests *if available* through your facility at **“non-insurance-cash price.”**
- On CT Chest Heart Scan-Calcium Score Report please ask Radiologist to provide detailed report with Calcium Score, Volume & **Total number of lesions and location of lesions in which vessels L Main, LAD, RCA, Circ** [Note: These details are very important to establish baseline and determine if recommendations improve the patient's status in 6-12 months]
- **Fax Report** to office at 812 954-0109 or **preferably Email to kimregenmed@gmail.com** [Both HIPPA compliant]
- **Please also provide written report to patient at soonest convenience**

TESTING REQUESTED:

- Calcium Scoring** – A **CT Chest scan of the heart** to detect **calcium deposits** found in **plaque buildup in the coronary arteries**. **The level of calcium can signal the presence of coronary artery disease before symptoms occur.**
- Abdominal Aortic Aneurysm** – Using **ultrasound**, the size of the aorta where it supplies the kidneys, pelvis & legs is measured for potential thinning and expansion that can trigger an aneurysm.
- Carotid Artery Disease** – **Ultrasound** checks for blockage in the carotid arteries which supply blood to the brain to determine if you have an elevated risk for stroke.
- ABI Index Ankle Brachial Index** – to assess blood flow to legs.
- Coronary CT Angiography (CCTA)** [**\$1,400 not covered by insurance**] A CCTA is a diagnostic test that produces detailed 3D images of the arteries in your heart to detect heart structure or aortic abnormalities in how blood flows through your heart, identify plaque and blockages or narrowing (stenosis) of the coronary arteries. and to diagnose cardiovascular disease.

Cardiac Wellness Screenings are offered at

Clark Memorial 812.283.2405 (Ask to schedule at Clark Sellersburg location 130 Hunter Station Way Sellersburg IN 47172)
Norton Audubon Hospital (502) 485-4700, Baptist Health Floyd 812.949.5570, Corydon, 812.734.3920
and University of Louisville 502.562.3187

To make an appointment, call one of the above phone numbers.

Average cost for most is \$50-\$200 (\$350 -\$900 value-savings) .

COMPLETE TOP of FORM with your NAME etc and

*******Take this prescription with you on the day of your appointment*******

If you have plaque buildup in your arteries, you will want to learn about your options at www.plaquex.net

IV Plaquex therapy is an IV therapy that removes plaque.

Google CHELATION THERAPY by Dr. Gervasio Lamas MD - Harvard trained cardiologist and Harvard trained Elmer Cranton, M.D., author of Bypassing your Bypass.

The options above are for patients NOT having active chest pain-angina. If you have chest pain and high degree of blockage you will need to see a cardiologist ASAP. **SEE BACK PAGE for MORE INFORMATION**

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SUMMARY:

The NIH TACT (Trial to Assess Chelation Therapy) Study: Trials of EDTA Chelation Therapy for Coronary Heart Disease

Principal researchers: Harvard trained and skeptic cardiologist Dr. Gervasio Lamas and collaborator Dr. Daniel Mark of Duke University Medical Center *prove chelation and the resulting removal of heavy metals like lead and cadmium improves heart and vascular health and circulation.*

THIS STUDY INVOLVED 1708 PATIENTS OVER 10 YEARS!

What were the key results of the study? Summary: IV Chelation reduces your risk of Heart attack and Stroke with an [18% reduction] for FIVE 5 years after completion of 40 weekly IV infusions. Diabetics receive an even higher reduction in risk of [40%] heart attack and or stroke.

- ****The benefits continue even AFTER the patients STOP chelation.****
- “Death from any cause was 43% lower in those patients with diabetes who received IV chelation.”
Traditional prescription medicine does not have a medication or alternative that offers as much reduced risk or a slowing of the progression of vascular disease. For those patients who are NOT candidates for cardiac stents or open heart surgery, have symptoms of chest pain and shortness of breath and are at maximum medication management, IV chelation and IV Plaquex maybe one of the few options left, in addition to lifestyle and nutritional changes. For those with vascular disease who want to slow down the progression and reduce the risk of future cardiac events IV Chelation and IV Plaquex are helpful considerations. We know of no conventional traditional medication or treatment that lowers the risk of DEATH by 43%.

The skeptics keep saying that the benefits are “sugar pill- psychological effects.”

The patients relief of chest pain, shortness of breath, stroke symptoms and reduced plaque in repeat scans acts as definitive proof that these therapies are quite helpful - Rafael Cruz MD

The researchers concluded that:

- TACT provides evidence that a regimen of 40 infusions of disodium EDTA modestly reduced the risk of some cardiac events in adults who had previously had a heart attack. The treatment BENEFICIAL effect lasted over the 5-year follow up period!!!!
- Overall, those receiving chelation had an 18% reduced risk of subsequent cardiac events such as heart attack, stroke, hospitalization for angina, or coronary revascularization. A cardiac event occurred in 222 (26%) of the chelation group and 261 (30%) of the placebo group.
- These results are not, by themselves, sufficient to support the routine use of chelation as post-heart attack therapy.

The researchers compared the results for people who did or did not have diabetes. People with diabetes made up 37% of the total group. The researchers found that:

- Among patients with diabetes, those receiving chelation had a lower risk of cardiovascular events such as heart attack, stroke, hospitalization for angina, or coronary revascularization. Events occurred in 25% of the patients with diabetes who received EDTA chelation and in 38% of those who received placebo [NO Chelation.]
- ****Death from any cause was 43% LOWER in those patients with diabetes who received chelation.****
- These results are not, by themselves, sufficient to support the routine use of chelation as post-heart attack therapy in people with diabetes. Also research www.plaquex.com

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