**Preparation For A Hospital Visit**

**Because Exercising Your Medical Rights Requires Planning**

**Introduction**

There is a growing chasm between an educated/aware segment of the population and conventional medicine. These people are coming around to the viewpoint that well-chosen food and nutritional supplements are the keys to health and that drugs do not need to play a part in their health-care except in occasional and unusual circumstances. They often make appointments with practitioners of alternative medicine such as massage therapists, acupuncturists, and chiropractors, but see an MD rarely and try to steer clear of hospitals.

This is a good system, but it is not perfect, because wholistic medicine is excellent for chronic conditions and degenerative diseases, but conventional medicine still does the best trauma care. Even those people with excellent diets and supplementation are a traffic accident or a fall from a ladder away from ending up in a hospital at some point in their lives. They will then be thrown into an “alien” culture where drugs and surgery are viewed as the primary pathways back to health and “vitamin R” (radiation) is doled out like candy.

If you are not prepared for this cross-cultural experience, you will probably survive it. But even if you do, you will likely be steered, against your better judgement, into an experience where you believe you are powerless to object. My message is that you are not powerless, but you need to be very clear about what your rights are in a hospital circumstance and you need to do your education and preparation well in advance.

**Hospitals are Dangerous Places**

Modern medicine is a dangerous process. Medical treatment is one of the top causes of death in the United States. Even when medical authorities are doing the counting, the death toll exceeds 200,000 per year. **1** One other estimate, from 2010, done by alternative health-care professionals, put the total at over 700,000 per year.**2** This would make medical treatment the number one cause of death in this country – exceeding even heart disease or cancer.

This is not an “unfair” calculation, that would include people who would have died because they were already very sick, but instead is a computation of the people who would have lived if it were not for mistakes such as unnecessary surgery, incorrect dosages of prescription drugs, etc. This idea is confirmed by data derived from doctor strikes, which almost invariably result in plummeting death rates – even when these strikes stretch out for months at a time. **3**

Hospitals are the location where this dangerous medical treatment is more concentrated than anywhere else. In addition, they have the problem of being the location where certain drug-resistant infections tend to appear with alarming regularity. Pesky infections such as MRSA, drug-resistant tuberculosis, and c-difficile routinely strike fear into the hearts of hospital staff and provide consistent employment for their lawyers.

The dangers associated with medicine and hospitals in particular, are not controversial. A typical study, done by the Institute of Medicine, describes the risks of a stay in Boston’s University Hospital. These were defined as issues resulting from a diagnostic procedure or from any form of therapy. In addition, they included harmful occurrences (for example, falls or bedsores) that were not consequences of the patient’s diseases. From a total of 815 consecutive patients, 36 percent suffered hospital-induced injuries; in 9 percent, the injuries were considered severe enough to threaten life or serious disability. For fifteen patients, the hospital-induced injuries “contributed to the death of the patient”. …….The Boston hospital was not singled out as being an accident black spot; rather, the risks reported are similar to those in other hospitals. **1**

**Don’t Go To A Hospital Alone**

If you need to go to a hospital, you should not be there alone. Someone who knows and cares about you should be with you at all times. This will help you intercept obvious hospital errors, and put you in a much better situation should you become incapacitated during your stay. Ideally, the person who stays with you should have medical power of attorney (POA) so that they can make medical decisions for you if you become incapacitated. Because the people that you know and trust are not always available, it would be a good idea to have a “hierarchy” of POA’s set up to that, almost certainly, at least one of them will be available even in the case of an unplanned visit to the hospital.

**Hospital Food**

I have often thought of hospital food as part of a marketing plan designed to “drum up business”. Though I understand that a hospital makes its’ money by treating sick people, I am reminded by the statement that every medical student and every student nurse ran across in their schooling – “First do no harm”. Though I have not eaten at a hospital in over 55 years, what I have seen of hospital fare when I have visited patients tells me that I will want to extend that streak out another couple of decades.

In the Unites States, neglect of nutrient intake of many hospital patients is a real concern, but sadly it’s not getting the attention it deserves on a government level. Research regarding hospital food is mostly outdated, as it seems there hasn’t been a strong enough push for improving either hospital cafeteria options or meal plans for patients in recent years. The research that does exist about hospital food — mostly dating back to the 1980s, ’90s and early 2000s — shows that it’s not uncommon at all for hospital patients to suffer nutrient deficiencies and even “malnutrition” while staying at the hospital! **4**

Here is an example of what I hope is a low point in the history of hospital meal plans:

At one point during my gastroenterology fellowship, I cared for a patient who was suffering from Crohn’s disease, which causes inflammation of the gut. He was having bloody diarrhea several times a day; a colonoscopy revealed damaged intestinal membranes, with patchy redness and scattered ulcers. He was still well enough to eat, though, and his appetite didn’t appear to be affected. One day, I came into his room to find him starting on the hospital lunch of the day: chicken wings with hot sauce, creamy mashed potatoes, chocolate cake, and a soda—more or less the opposite of what a patient with gastrointestinal issues should be ingesting.  **5**

There have been a handful of success stories in recent years. There are fewer fast food outlets at hospitals that there used to be in previous years. **5** But these improvements are few and far between, and you should not expect to be reaping the benefits of any nutritional turnaround at your local hospital.

**Taking Nutritional Supplements in Hospitals**

Even the definition of a nutritional supplement is in doubt inside of a hospital. Oral nutritional supplementation (ONS) when used in a hospital setting, typically means taking additional liquid food that may or may not contain some added vitamins and minerals. When I refer to a “nutritional supplement” in this article, I mean a vitamin/mineral/amino acid etc. that might be taken orally as a capsule/pill/gelcap or even delivered through an IV.

The MD’s that are decision-makers in any hospital probably received as part of their medical education not more than a couple hours on the subject of vitamins and minerals. In addition, they are the target audience of a public disinformation campaign by the pharmaceutical industry to convince the world that nutritional supplementation (with vitamin/minerals, etc.) is at best a waste of money and at worst dangerous. **6** Consequently, when confronted with a patient request for vitamin and mineral supplements by patients, they tend to respond with answers somewhere between laughter and ridicule.

This is the desired message of the pharmaceutical company upper management. They lose sleep at night each time they read about people, with no medical training, who found out how to completely cure their disease such as cancer **7**, diabetes **8**, or heart disease **9** by changing their diet, adding nutritional supplements and exercising. They are worried because they see that nutrition works, and if average people figured this out, the multi-billion dollar profits of the pharmaceutical companies would dwindle down to pennies on the dollar.

It is difficult to convince a hospital to give a nutritional supplement to a patient. I have tried, and finally succeeded, but it was a difficult experience, and I do not expect it to be any easier the next time. Instead of trying to convince the hospital to do what they should be doing, I recommend that the patient just take it themselves. If they are incapacitated, you should have Medical Power of Attorney (POA) in place, and have the person with POA administer the supplements or direct any friend/relative who may be staying with the patient to give the nutritional supplements to the patient.

A key idea here is not to ask permission, but to ask if there might be any known adverse consequences for a specific supplement. You need to retain the right to decide for yourself if taking a particular supplement is appropriate. For example, before surgery, you will always be told not to take vitamin E because it has a bleeding risk. You must however, keep in mind that even though vitamin E promotes bleeding because it has a mild blood-thinning effect, it also prevents bleeding by helping to maintain the integrity of vascular tissue as an antioxidant. Vitamin E also plays a part in the prevention of infectious disease. The positive effects might outweigh the adverse effects, and you need to be making these decisions from an educated perspective that might exceed the grasp of even your attending physician.

Another common point of contention is vitamin C. Vitamin C has a long history of being a remedy for scurvy, which is a bleeding disease, because it is required for the production of collagen fibers. It is, therefore, very valuable to be able to take vitamin C before and after surgery to prevent bleeding and to repair damaged tissue. The complication is that vitamin C is also a strong detoxifier that will detox the anaesthesia drugs, so the surgeons may not like this. Even if you agree to limit vitamin C before a surgery, you should without hesitation take it in large doses afterwards.

The hospital may even object to this. It is best not to try to hide what you are doing, because that would create the impression in them and in yourself, that taking nutritional supplements might somehow be wrong. As I will outline in subsequent documents, it’s probably best to tell them that you are going to do this before you enter the hospital (suitable for elective surgeries) or as you enter the hospital (suitable for unplanned events and injuries). The bottom line is that nutritional supplements are not controlled substances, they are not illegal, and if the patient wants them there is very little the hospital can do to stop this behavior other than threaten to discharge the patient. Keep in mind that at the root of the problem with hospitals is the relentless pursuit of more money. If they really did discharge a patient for such a reason, they would be letting a bunch of money out the door. They might say it, but they are very unlikely to actually do it.

If the hospital objects to giving the patient nutritional supplements, it may be because they have a “policy” in the hospital. Keep in mind that anything that a bunch of doctors decided behind closed doors can be reversed by those same people when faced by the potential for lost revenue. If you tell them what is necessary to get you into the hospital, they will almost always agree. Once they have agreed in writing, the discussion is over, because you have invoked what is called “contract law”.

**Special Preparation for Vitamin C**

Vitamin C is one of the most important nutrients for your hospital stay. It has so many functions that relate to needs during a hospital stay that it would be ridiculous to ignore it. It is important for the immune system, so it protects you against hospital infections. It is required for the creation of collagen fibers, so it maintains blood vessels and is important to limit bleeding and to speed tissue repairs from surgery. It detoxifies almost all poisons, including anaesthesia. **10** It is important for stress responses, and it is your primary antioxidant. Because of all of its’ obvious utility for a hospital patient, you might think that hospitals would want every patient to take vitamin C. If you thought that, you would be wrong.

Ascorbic acid (the basic vitamin C molecule) can be easily converted to oxalic acid inside the body. Oxalic acid when combined with calcium is the formula for the creation of calcium oxalate kidney stones. Nephrologists and most MD’s are aware of the potential for this problem, and use this idea to tell you not to take vitamin C in the hospital, especially if you have any known kidney problem.

The reason why the doctors are aware of this problem is because many articles have been written that state that “high intakes” of vitamin C could cause kidney stones. Some of these articles, just indicate that there is a plausible mechanism for causing kidney stones, while others show some evidence that vitamin C does cause kidney stones. These articles are the tentacles of the pharmaceutical industry reaching out to try to convince people not to take vitamin C, and these articles ignore the long history of people taking high doses of vitamin C that never get kidney stones. In fact, most doctors who recommend high doses of vitamin C indicate that the only time their patients do get any kidney stones is when the patient stops taking vitamin C. **11** Once the patient starts taking vitamin C again at the same high doses, the kidney stones go away and do not come back.

As a patient you can win this argument just by saying that you are going to take the vitamin C regardless of what you doctor says, and there is nothing they can do to stop you. But I think you can do better than this in two ways, thus keeping the relationship with your doctor more cordial.

First, the only bio-chemical rationale for vitamin C forming kidney stones is the following:

1. Oxalic acid blood levels rise because of higher ascorbic acid blood levels
2. Excess calcium is flowing through the kidneys
3. The patient is slightly dehydrated, which promotes the creation of crystals

 in the kidneys

1. The urine is not very acidic, which promotes the creation of crystals in

 The kidneys

To convince your MD that the way you are taking vitamin C does not put you at risk for the creation of kidney stones, proceed as follows:

1. Take pure crystalline ascorbic acid. This keeps your urine more acidic.
2. Make sure you are NOT taking calcium ascorbate, which is a common form of vitamin C (look on the back of the bottle to make sure). This will prevent excess calcium from constantly flowing through your kidneys. The calcium also neutralizes the acidic pH of Vitamin C.
3. Keep yourself well hydrated. This will limit crystals of any kind from forming in your kidneys.

The second thing you need is to speak to your MD in their own language. It will be very useful to have several articles/ peer reviewed studies that indicate that high vitamin C consumption does not necessarily cause kidney stones in your possession so you can pull them out and show your doctor that you are making a well-informed statement. **12, 13**

One other relevant idea here is relative risk. Kidney stones do not occur in all people, but the dangers that vitamin C protects against are relevant to all almost all hospital patients. Only about 5% of American women and 12% of American men will have any problem with kidney stones during their lives, and not all of these stones will be calcium oxalate stones. **16** Formation of these stones is a process that takes at least weeks if not months even in the most susceptible individuals. Hospital stays are usually of short duration. Also, even though the problems from a kidney stone can be serious if it gets stuck in the ureter and blocks urine flow, this is very rare. The dangers that vitamin C address in a hospital setting are much more diverse and therefore far more likely to occur than the relatively obscure possibility of a dangerous kidney stone.

**Vaccines**

The effects of vaccines can be divided into two categories:

1. The adverse effects, which range from a little redness and swelling at the site of the injection all the way to debilitating injury and death.
2. The positive immune effects that make people more resistant to a specific

infectious disease.

The positive effects of vaccines can easily be matched and exceeded through the following nutritional supplements:

Vitamin D3 1000 IU / day

Selenium 100 mcg / day

Iodine 6 mg per day (I like Lugol’s Solution for this purpose)

Vitamin C @ 3 grams per day in divided doses

Vitamin E (full spectrum i.e. all 4 tocopherols and all 4 tocotrienols) 600 mg /day

Zinc 30 mg / day

Copper 2 mg / day

Organic Sulfur 1.5 teaspoons in chlorine-free water on empty stomach / day

This can be accomplished even if the diet is a bit sloppy. With a well thought out diet in addition to these supplements, the immune system can become almost “bullet-proof” with respect to infectious disease.

So, why would anyone risk the toxic heavy-metals, contaminants, and other adverse effects in vaccines if they knew how to make their immune system work better than any combination of vaccines could ? In addition to this, one of the dirty little secrets of vaccines is that they are not supposed to be given to people who are sick, because in those circumstances the vaccines do not work as well and they are more likely to cause adverse effects. **14**

The bottom line on vaccines is to tell the hospital in advance not to give you any vaccines. But even after you tell them, and they agree to this, you (or your relative/ friend staying in the hospital with you if you are incapacitated) need to be vigilant, because the hospitals always want to give you a vaccine. Government reimbursements for Medicare/Medicaid are in part determined by the percentage of patients who are made to be up-to-date for the recommended vaccines **15**, so there is a lot of intense financial pressure to vaccinate EVEN IF THE HOSPITAL KNOWS IT IS DETRIMENTAL TO THE PATIENT’S HEALTH.

**All Other Drugs and Procedures**

For all other drugs and procedures, you need to insist upon written “informed consent”. This means that:

1. You need to be told in advance about any drug or procedure.
2. You need to be fully informed about the risks and benefits.
3. The drug or procedure cannot be used unless you (or your POA)

agree to this in writing.

In order to make this run smoothly, it would be a good idea, whenever possible, to research in advance which drugs are likely to be used so that you or your POA can provide a quick written permission so that the hospital procedures are not unduly interrupted. Also, it would be useful to keep a PDR in the hospital room so that unexpected drugs can be quickly researched.

I suggest that prior to entering the hospital the patient and any POA research the problems with the gadolinium imaging material that is commonly used in MRI’s, and read the research of John Gofman MD on the hazards of medical radiation.

Here are some useful links for these purposes:

<https://www.forthepeople.com/class-action-lawyers/gadolinium-lawsuits/>

<http://www.jpands.org/vol8no2/kauffman.pdf>

**Conclusion**

If you are oriented towards alternative medicine and nutrition, then you will probably spend a lot less time in hospitals than most other people. But if you do end up in a hospital you will be in an environment where the definition of “what restores health” is very different from what you are used to. You could choose to bend to the hospital’s point of view or, with sufficient preparation, you could bend the hospital around to your point of view.

If you choose the latter, you will need to do some things in advance. You should figure out how you want to handle your food and nutritional supplements. You should arrange a POA “hierarchy” so if one trusted friend or family member is not available, then another will be. You need to be clear how you want to handle informed consent, and you need to write all of this down, so that even if you need to go to a hospital in a hurry, you are ready to go at any time.

Footnotes:

1. Hoffer, Abram MD PhD and Saul, Andrew W. PhD. Hospitals and Health.

Basic Health Publications, 2011.

1. Null, Gary PhD, et al. Death By Medicine.

<http://www.webdc.com/pdfs/deathbymedicine.pdf>

1. The Moral Climate of Health Care.

<http://www.qcc.cuny.edu/SocialSciences/ppecorino/MEDICAL_ETHICS_TEXT/Chapter_3_Moral_Climate_of_Health_Care/Reading-Death-Rate-Doctor-Strike.htm>

1. Axe, Josh MD. The Truth About Hospital Food, Plus What to Eat at the Hospital. <https://draxe.com/what-to-eat-at-the-hospital/>
2. Ravella, Shilpa. When the Hospital Serves McDonald’s.

<https://www.theatlantic.com/health/archive/2016/02/unhealthy-hospital-food/461898/>

1. The Pulse of Natural Health Newsletter. Has PBS Become a Front for Big Pharma ? <http://www.anh-usa.org/has-pbs-become-a-front-for-big-pharma/>
2. Chris Beat Cancer.

<http://www.chrisbeatcancer.com/>

1. Taub, Rob. How I beat Diabetes with the “Duke Diet”.

<http://www.foxnews.com/opinion/2012/09/29/how-beat-diabetes-with-duke-diet.html>

1. Cross, Robert. Formerly Dying of Heart Disease.

<https://www.drmcdougall.com/health/education/health-science/stars/stars-written/robert-cross/>

1. How to Detox From Anaesthesia.

 <http://www.surgerysupplements.com/detox-from-anesthesia/>

1. What really causes Kidney Stones.

 <http://orthomolecular.org/resources/omns/v09n05.shtml>

1. Hickey S, Roberts H. (2005) Vitamin C does not cause kidney stones. <http://orthomolecular.org/resources/omns/v01n07.shtml>
2. Baxman AC et al. Effect of vitamin C supplements on urinary oxalate

 and pH in calcium stone-forming patients.

 <https://www.ncbi.nlm.nih.gov/pubmed/12631089>

1. Can A Sick Child Be Vaccinated ?

 <https://www.focusforhealth.org/can-a-sick-child-be-vaccinated/>

1. Why Are Nurses and Healthcare Workers Across the U.S.

 Refusing Mandatory Flu Vaccines?

 [https://vaccineimpact.com/2017/why-are-nurses-and-healthcare-workers- across-the-u-s-refusing-mandatory-flu-vaccines/](https://vaccineimpact.com/2017/why-are-nurses-and-healthcare-workers-%20across-the-u-s-refusing-mandatory-flu-vaccines/)

1. Evan, Andrew P. Pysiopathology and etiology of stone formation in the kidney and urinary tract.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2839518/>

**Example Documents**

The following is an abbreviated example of a designation of power of attorney. It is not a legal document and should not be copied to create a legal document. All such documents are state-specific. This one is an abbreviated version of documents partly from the state of Michigan and partly from the state of New Mexico.

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE, CUSTODY**

**AND MEDICAL TREATMENT DECISIONS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Patient, designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

as my Patient Advocate holding power of attorney (POA) to exercise the powers set forth below if I become unable to participate in care, custody, medical, psychiatric and psychological treatment decisions. The determination of when I am unable to participate in such decisions shall be made by my attending physician or licensed psychologist.

General Grant of Power. My Patient Advocate shall have the power to exercise or perform any act, power, duty, right or obligation in order to provide for my care and custody, and to make decisions relating to all health services without limitation. This power of attorney shall take effect upon my disability, incapacity or incompetency, and shall continue during such disability, incapacity or incompetency.

RELEASE OF INFORMATION. I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my healthcare, to my Agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 19xx, Public Law xxx-xxx, as amended, and applicable regulations.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT: Under no circumstances is a vaccine ever to be administered to me.

DESIGNATION OF ALTERNATE PATIENT ADVOCATE (PA). If the person designated as my PA is not available or unable to act, I designate the following persons to serve as my PA to make health care decisions for me as authorized by this document, who serve in the following order:

FIRST ALTERNAT PA

 Agent Name: xxxxxxxx x. xxxxxxxxxxxl

 Address: xxxxxxx xxxxx xxxxxxxx

 Santa Fe, New Mexico xxxxx

 Telephone: Home: 505-xxx-xxxx Work: 505-xxx-xxxx

SECOND ALTERNATE PA

 Agent Name: xxxxxx xxxxxxx Cobb

 Address: PO Box xxxxxx

 xxxxxxxx, OR xxxxxxx

 Telephone: 503-xxx-xxxx

THIRD ALTERNATE PA

 Agent Name: xxxxx xxxxxx Cobb

 Address: PO Box xxxxxx

 xxxxxxxxx, MI xxxxx

 Telephone: 269-xxx-xxxx

HOLD HARMLESS. All persons or entities who in good faith endeavor to carry out the terms and provisions of this document shall not be liable to me, my estate, my heirs or assigns for any damages or claims arising because of their action or inaction based on this document, and my estate shall defend and indemnify them.

I have read and understand the contents of this document and the effect of the grant of powers to my Patient Advocate who shall have power of attorney (POA). I am emotionally and mentally competent to make this declaration.

Signed on \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Daniel Clay Cobb

Address: Santa Fe

 Santa Fe County

 New Mexico

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: xxxxxx xx, 19xx

I, the undersigned witness, state that I have witnessed the signing of this document by Daniel Clay Cobb and that Daniel Clay Cobb is of sound mind and free of undue influence.

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: xxxxxxxxx xxxxxx

Address: xxxx xxxxxxx xxxxxx

 Santa Fe, NM xxxxx

Suggested “Agreement” To Be Presented Before any Hospital Visit

This is not state-specific because it is a contract. Once signed and dated, it is a legal document.

I, Daniel Cobb, routinely take the following nutritional supplements:

Vitamin C (as L-ascorbic acid) 3-6 grams per day Vitamin B-Complex 1 per day

Vitamin D3 2000 IU per day Vitamin K2 100 mcg per day

Vitamin E Tocopherols 1 gel-cap per day Vitamin E Tocotrienols 1 gel-cap per day

Flaxseed Oil 1 gel-cap per day Selenium 100 mcg per day

Zinc (30 mg)/Copper (2 mg) combination A low-Dose multi-mineral – 1 capsule per day

Digestive Enzymes – 2 capsules per day PB7 (a probiotic) 1 capsule per day

Acetyl-Glutathione – 1 capsule per day Magnesium Citrate - @ 400 mg per day

Pure-Thyro (a freeze-dried cow thyroid supplement) L-Arginine – 1 capsule per day

Lugol’s Solution (Half-Strength) – 4 drops per day

Organic Sulfur (a 99.9% pure version of MSM) 1.5 tablespoons in chlorine-free water 2X per day)

I will be taking these same supplements while I am in the hospital.

If any doctor has any objection to any of these, I will listen to any information

 they wish to present to convince me to do otherwise, but I may

 continue to take these supplements if I chose to do so

I may also choose to increase or decrease my dose any of these supplements.

I need Chlorine-free water for several reasons. If it provided, and it is otherwise suitable,

 I will use what is provided. If not, I will arrange for suitable drinking water to be

 routinely brought to my hospital room.

I will be managing my supplements myself. If I become incapacitated during my stay, the supplements will be administered to me by any family member or friend who is currently visiting me.

I am very particular about the food that I eat. I might choose to eat the food that the hospital

provides, but more likely, I will have my meals delivered to my room by friends/relatives.

I refuse all vaccines, and I insist that I give written informed consent to all prescription drugs and medical procedures prior to any drug being used or procedure performed. If I am incapacitated, informed consent for such drugs/procedures may be obtained from \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

who will have medical POA during my stay. Mistakes on this topic will result in legal action. Oxygen, saline solution, etc., because they are not controlled substances, are excepted from this discussion.

Daniel Cobb Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Representative Who Agrees To These Terms on behalf of all hospital personnel:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_