



## **Information and Consent Form for 'Bi-Digital O-Ring Test' (BDORT)**

**The information contained in this disclosure notice is not intended to be in place of your own investigations on this investigative modality nor is it designed to forgo the need or the right to ask questions about any aspect of the process that you are concerned about. Detailed technical information sheets on the BDORT are available upon request.**

The Bi-Digital O-Ring test (BDORT) is not used to treat patients. It is an extremely sensitive non-invasive diagnostic tool that can provide basic information about a variety of pathologies. The purpose of the test is to enable a suitable treatment to be selected for your individual needs.

The BDORT is a simple test that is offered to patients for a variety of reasons a key one being that it may assist in the early diagnosis of various ailments. It is a simple non-invasive safe and quick diagnostic methodology that has been developed in and outside the USA since the 1970's. The diagnostic procedure assists in making a systematic diagnosis in situations where the clinical signs and symptoms are not known or may be unclear.

The procedure measures the muscle strength of the "O-Ring" which is formed by the thumb and a pre-selected finger of the same hand together. A minute mechanical force with a conducting or non-conducting non-invasive probe or a very weak light beam is applied on the body surface at points where an abnormality may be suspected. Specialized laboratory prepared diagnostic slides or other samples are held in the hand enabling both an identification and quantification process when correctly applied. This helps to detect the location of and information about various organs and parts of the body. The BDORT is commonly used in conjunction with other tests to help gain further knowledge about an internal organ or organs. We do not recommend that BDORT be used in isolation of other orthodox tests and we prefer the results to be confirmed by laboratory testing whenever possible.

BDORT measurements are made in Bi-Digital O-Ring Test units. These units do not show up nor are they used on standard medical tests. None of the BDORT measurements, diagnoses or treatment options are a substitute for orthodox medical tests and treatments. We do not claim that they should be relied on as conclusive medical evidence. BDORT is used in conjunction with orthodox medical tests that are available.

BDORT produces results not unlike orthodox testing in that it can produce both false positive results and false negative results. The reasons why this happens are unclear which is why we advise that the BDORT results should not be relied on in isolation as conclusive medical evidence.

During any time of illness and stress there is a real risk that you may react in an uncharacteristic way to either positive or negative information about your health. As we have informed you, you are likely to feel a range of emotional responses to such information. This is normal and we recommend that you seek help from your qualified health practitioner to assist you with the emotional impact that this is having on you personally at any time.

As a practitioner who has certificates from The International College of Acupuncture and Electro-Therapeutics (USA) I am ethically bound to provide you with the results from the BDORT but leave it entirely in your hands whether you consent to treatment.

I have been provided with a copy of this 'INFORMATION AND CONSENT FORM' [separate page] recognized by the INTERNATIONAL COLLEGE OF ACUPUNCTURE & ELECTRO-THERAPEUTICS, in relation to the possible risks and benefits THAT ARE ASSOCIATED with undergoing BDORT. I have had time to read and understand this document and I have had it explained to me by Richard Malter (and/or his colleague).

**CONSENT AND AUTHORIZATION:**

I, ..... hereby consent and authorize the use of the "Bi-Digital O-Ring Test" (BDORT) upon myself (or my ward,) by Richard Malter and his colleague, and to receive suggestions for treatment based on the results of the procedure.

- I have had the nature of the procedure described to me, and **I understand that the procedure is not a substitute for standard orthodox medical care** and it should not be relied upon as conclusive medical evidence.
- I have been provided the opportunity to ask questions in relation to the procedure, its nature and possible effects and outcomes.
- I am satisfied that Richard Malter (and/or his colleague) has provided me with all the information I require to consent to undergo the procedure.
- I understand that it will be left entirely up to me to choose whether or not to act based on the Test results. Since this procedure was authorized by my free will, I am free to withdraw at any time from future tests and/or treatment.

Name of Patient or Guardian (*please print*) ..... Age .....

Signature of Patient or Guardian ..... Date .....

Next of Kin (closest living blood relative or relatives):

	Full Name	Address	Phone number
1.			
2.			
3.			

**INFORMED CONSENT FORM**

**On The Use Of the "Bi-Digital O-Ring Test" for Diagnosis & Treatment**

Recognized by

**THE INTERNATIONAL COLLEGE OF ACUPUNCTURE & ELECTRO-THERAPEUTICS**

I, \_\_\_\_\_ hereby authorize the use of the "Bi-Digital O-Ring Test" upon myself (or my ward, \_\_\_\_\_), by Dr. \_\_\_\_\_. I understand that this test is considered experimental. The "Bi-Digital O-Ring Test" was explained as a simple, non-invasive, safe and quick new diagnostic method gradually developed in the United States since the early 1970's and has been actively used by some physicians in the U.S.A., Scandinavian countries, Germany, Belgium, England, Japan, China, Korea and Venezuela since the early 1980's, although it is not widely known to a majority of physicians and dentists in the U.S.A. Using the test, it is possible to make a systematic diagnosis without knowing the chief complaint or history of the patient. It has the following potential adverse psychological impacts, potential adverse effects, and potential benefits:

Potential Adverse Psychological Impact: 1) Because of the high sensitivity of this test, standard laboratory tests may fail to confirm the Bi-Digital O-Ring results until the disease or symptoms further advance. This may give the impression of misdiagnosis and create a psychological conflict for the patient. 2) The results of this test may contain unpleasant or unexpected medical information and some people may suffer mental distress from such information. 3) The selection of a drug and its optimal time duration as suggested by the O-Ring test may be different from standard textbook advice; in addition, prolonged use of the optimal drug may be required.

Potential Adverse Effects: Just like any established diagnostic method, there is a possibility of a false positive or false negative result for unforeseen reasons.

Potential Beneficial Effects: 1) Because of the high sensitivity of this test, many diseases can be detected in their very early stages and suitable treatment can be initiated, often at a great savings of time, money and discomfort. 2) The possibility of micro-organisms causing infection can theoretically be detected and localized and effective treatment for such micro-organisms can be suggested. 3) The method is completely non-invasive, simple, safe, and painless, unlike most known standard methods. It can be performed almost anywhere as it does not depend on expensive, bulky instruments. 4) Therapeutic effects of any treatment can be quickly and non-invasively evaluated, safely and economically. 5) Without knowing the chief complaint or history of the patient, various abnormalities in different parts of the body can often be systematically detected. 6) Imaging of normal and abnormal internal organs can be made non-invasively and safely without exposing the patient to undesirable X-ray, radioactive substances or strong magnetic fields. 7) Neurotransmitters and other substances in the living human being can be qualitatively detected non-invasively without taking a biopsy or blood sample. 8) Through the use of the Bi-Digital O-Ring test, one can select an optimal drug for treatment of a specific problem or affected organ, or detect a toxic food or drug prior to their ingestion.

Because of the high sensitivity of the O-Ring test, standard test results may fail to confirm the O-Ring test results; however, the physicians performing the test have an ethical responsibility to inform the patient of possible abnormalities of organs (including the possible existence of cancerous cells and their location), infections which may exist and their possible consequences, as well as possible treatment as indicated by the Bi-Digital O-Ring test results. The examining physician must leave entirely up to the patient the choice of whether or not to act based on the test results.

The procedure of this test consists of testing muscle strength of the O-Ring formed by the thumb and a pre-selected finger -- one which satisfies 3 essential conditions for reproducibility -- of the same hand while a minute mechanical force or very weak beam of light, electric, or magnetic field is applied on the body surface below which the abnormality is suspected. Although I understand that this test is not widely known by the medical community in this country, the method and procedure have been explained in detail and all my questions on this method and alternative methods have been answered. I therefore authorize Dr. \_\_\_\_\_ to make a diagnosis and suggest treatment based on this test. I also authorize the physician doing this procedure to write the findings of the test directly on the body surface and to take a photograph of this as a permanent medical record of this test result. Since this procedure was authorized by my free will, I am free to withdraw at any time from future tests and treatment. I will not blame or sue the physician or institute or location where such a procedure was performed concerning any consequence of the test results or treatment.

.....  
Signature of Witness \_\_\_\_\_ Signature of Patient or Guardian / Age / Date \_\_\_\_\_

.....  
Witness' Address \_\_\_\_\_ Patient's Address \_\_\_\_\_

.....  
Witness' Telephone No.: ( ) \_\_\_\_\_ Patient's Telephone No.: ( ) \_\_\_\_\_