

Dear New Patient,

Welcome to our office. We look forward to becoming your partner in assessing and improving your health. We have designed a program that we aim to produce superior improvements in health compared to other holistic treatments that you may have tried or heard about. Our goal is to help you achieve long term or permanent improvements in health by restoring your body's ability to heal itself. Ultimately, you should feel vibrant and energetic, have less of a need for medications, and be less likely to develop serious illnesses in the future. This letter confirms your first appointment on: _____

To accomplish these goals, we do not approach health the same way as most conventional or alternative practitioners. What makes our approach different and successful is that we focus on removing the blocks that keep the body from healing itself. We do not focus on specific treatments for specific symptoms or diseases. We try to determine the cause of symptoms and correct them at deeper levels whenever possible. Our belief is that as the body becomes healthier, symptoms and diseases should usually resolve on their own.

Before your first visit, please review the following checklist:

- **If for any reason that you are not able to keep your appointment, please be courteous and cancel your appointment by calling our office at 404-418-6010.** That way, someone who is on our cancellation and waiting lists can use the appointment. There is a \$100 fee if appointments are not cancelled within 2 business days. There is a \$200 fee if the appointment isn't cancelled at all.
- Please fill out the attached paperwork. We realize there are a lot of forms but completing them ahead of time will give us more time to focus on you instead of paperwork. If you have any questions about them, please contact our office.
 - Health Questionnaire
 - Metabolic Assessment Form
 - Neurotransmitter Assessment Form (NTAF)
 - Registration Form
 - Financial Policy
 - HIPAA Privacy Notice
 - Informed Consent
- Review the rest of the attached information including directions to our office. Many patients have gotten lost without the directions.
- If possible, please bring in copies of your bloodwork and relevant medical records.
- If you're using insurance, please bring your insurance card to each appointment.
- Though not required, reviewing the information at <http://www.bridgestohealthatl.com> and our Facebook page at <http://www.facebook.com/bridgestohealthatl> is very helpful.

If you have any further questions after reading the enclosed information, please call our office. We will be happy to assist you. We look forward to working with you.

In health,

Dr. Ou and staff

Frequently Asked Questions

What to expect at the initial visit

Please arrive 10 minutes before your appointment.

Check in (10 minutes)

Welcome to Bridges to Health

Verifying that the forms have been completed and answering any questions about them

Verifying insurance coverage, if any

Vital signs

Consultation with Dave Ou, MD (80 minutes)

Complete medical history (The key to healing is treating each person as an individual and getting to the root cause of health problems. This usually entails a detailed conversation about your current state of health, health history, family history, diet, lifestyle habits)

Initial tests and treatment plan: (Dr. Ou may make some simple recommendations at this time, but most advice will be deferred until after lab and physical exam results are in and there has been time to thoughtfully consider your case.) Home test kits if needed are provided

Labs / Testing (15 minutes):

Bloodwork (if ordered): Usually includes blood counts, electrolytes, kidney and liver function, thyroid panel, magnesium, D and B vitamins, and others as necessary. May also include food allergy testing.

Checkout (15 minutes)

Obtaining nutritional supplements, if recommended

Scheduling of follow-up appointment. Usually in 4 weeks for all lab tests to return

Testing at home

Many tests recommended by Dr. Ou are performed at home. These frequently include:

-Saliva testing for hormones: estrogen, testosterone, progesterone, and adrenal panel

-Stool testing to assess digestion and to look for imbalances of bacteria, yeast, candida, and parasites

Second Visit (60 minutes)

Review of testing results

Recommendations for what supplementation (vitamin, minerals, herbs), diet, and lifestyle changes may be needed, as well as any or other medications that may be appropriate for your care.

How often you see Dr. Ou after that will depend on why you are being treated. Most people are seen monthly for the first 6 months then every 2-3 months if you are progressing well.

What is a typical example of a treatment program?

1st 3-4 months

- start correction of nutritional deficiencies
- start nutrients and herbs to improve digestion (typically takes 3-6 months to correct)
- start correction of hormones

Next 3-4 months

- follow-up testing to monitor progress of digestion, hormones, nutrition
- Testing and correcting any problems with omega 3 fatty acids, liver detoxification, lead and mercury

How long will it take for me to get better?

Remember, healing is a gradual process. I like to think of health as the spokes of a wheel. Over time, it may get bent on many sides through physical, environmental and mental stresses over a lifetime. To fix the wheel, all of the spokes need to be corrected one by one over time. With few exceptions, you should begin to notice a change in your symptoms within the first few months, if not sooner. The process can be so gradual that you don't notice the improvements. It's best to compare how you feel to the time before starting the program. The symptoms that you want to get rid of first may not be the first ones that change. Sometimes, friends and family will notice improvements if you don't.

Progress is not necessarily a smooth road. Sometimes trying to correct one spoke of a wheel can put strain on another part of the wheel. This is often mistaken for a "new problem" or "getting worse". Let me know about these changes. This is why medicine is an art as well as a science. My role is that of a detective. It may take time to put all the clues together.

That being said, most people start to feel better in the first 3 months. Maximum improvement typically takes at least 6 months, but in many cases, it takes over a year.

Should I stop my medications?

Please do not stop your prescription medications without notifying Dr. Ou. Many of them will likely need to be cut back as the program progresses, but only Dr. Ou or your doctor should determine if it is safe enough to do so.

What about my supplements?

Please bring all your supplements to your first appointment to Dr. Ou. He has found that many people take supplements that actually harm them.

Where do I get the supplements that Dr. Ou recommends?

For your convenience, most of the supplements he recommends are available at his office. They are all professional grade and most are available from doctors only. This ensures that any products you receive are of the highest quality. You are welcome to find equivalent supplements on your own, but Dr. Ou has frequently seen inconsistent results from over the counter products because of questionable quality.

How much will this cost?

There is considerable variation depending on insurance status, deductibles, coinsurance, and complexity of the case. We have found that very few people understand how their insurance works (or doesn't). We will do our best to help answer your questions.

For those with insurance coverage, out of pocket expenses average \$200-400 per visit including the office visit, testing, and supplements.

For those without insurance coverage, out of pocket expenses are roughly double. Contact our office if you want a copy of our cash fee schedule.

Our financial policy is listed later in this packet. Please call our office if you have questions.

Is Dr. Ou on my insurance plan?

The only plan that Dr. Ou participates in is Blue Cross PPO. However, this will likely no longer be the case in 2012.

If you have a PPO plan other than Blue Cross, then you likely have what is known as "out of network" benefits. Check with your insurance carrier to find out. As a courtesy, we will file your claim for you.

If you have an HMO plan, then it will not cover our services.

Our financial policy is listed later in this packet. Please call our office if you have questions.

Can Dr. Ou be my primary care physician?

He is board certified in Internal Medicine, but he does not provide acute care services. His primary focus is to address the roots of chronic health problems. It is recommended that you have a local primary care physician for urgent health problems.

Contacting Us

Our preferred method of communication is E-mail. Go to <http://www.bridgestohealthatl.com> and click "Contact". We will do our best to respond within 24 hours.

You may also call us at 404-418-6010. If no one picks up, it means that Dr. Ou's assistant is busy assisting other patients. Leave a message and she will call you back the same day except for messages left late in the day or after hours.

Dr. Ou's Philosophy of Natural Healing

Dr. Ou's philosophy on natural healing has evolved over his 20 year experience with holistic medicine. (Note that like most ideas of holistic medicine, they are not currently accepted by conventional science.)

1. The cause of disease can be grouped into only 5 categories:
 1. Toxins
 2. Allergens
 3. Infections
 4. Stress
 5. Diet
2. Health can be thought of as the spokes of a wheel. 9 of the major spokes include:
 1. Nutrition
 2. Immune / Inflammation
 3. Hormones
 4. Digestion
 5. Detoxification
 6. Energy metabolism
 7. Mind and Spirit
 8. Musculoskeletal
 9. Body Field
3. When the wheel is bent, usually more than 1 spoke is involved. For healing to occur, all of these 9 spokes need to be evaluated and restored to normal over time. Many systems of conventional and alternative medicine fail when they only know how to address a couple of the spokes and not others.
4. Changing the tension on one spoke can affect all of other spokes. Every part of the body is connected to and affects every other part. This is another major reason why other systems of medicine are often unsuccessful.
5. The results of genuine healing should be a consistent decrease in the need for medications and supplements, an increased sense of well-being on both a physical and mental level, and increased resistance to future illness. There should be improvements in, energy, pain, hormones, inflammation, sleep, digestion, mental clarity, and immunity.
6. According to physics and many systems of traditional healing, a system of energy and information underlies the biochemistry of the physical body. Some call this the body-field. Stressors on the physical body simultaneously damage the body field. Therefore, for optimum healing, damage to the body-field must be corrected as well.
7. A good program of healing accomplishes all of the above in a high percentage of people even with serious and complex medical issues with few, if any, adverse effects. This should be done with as few supplements and/or interventions as possible.
8. Knowledge from mainstream medicine should be integrated with such programs to monitor or manage severe illnesses. Pharmaceuticals can be used when necessary and phased out safely when they are not.

Electromagnetic Fields and Your Bedroom

Electromagnetic fields (EMF) are energy fields surrounding anything using or creating electricity. Up until a little over 100 years ago, human beings were never exposed to any EMFs. Now our modern life exposes us to them constantly. Our cells use EMFs to communicate with each other so outside sources can interfere with the communication process and therefore the healing process. There is growing evidence that electromagnetic fields strongly interfere with the body's ability to heal itself such as by causing inflammation.

It is highly recommended to make your bedroom EMF free so that your body can maximize healing while you sleep. Many people notice a better quality of sleep when EMFs are removed. There should be nothing plugged in around your bed especially the following:

- Televisions – a very strong source
- Computers especially with CRT monitors - another very strong source. LCD monitors that are "TCO '03" compliant are safer.
- Electric clocks – moderately strong – If you must use one, keep them at least 6 feet from your head. Battery powered LCD clocks are safe.
- Telephones both cordless and cellular – both emit microwave radiation which can interfere with the healing process and the function of DNA. If you use a cellular phone, it is best to use a special hands free kit which does not have a speaker in the earpiece such as the Aircom RF3 iFit found at <http://www.lessemf.com/cellphon.html>.
- Cordless phone bases. The 2.2 GHz and 5.8 GHz models constantly radiate microwaves into the surrounding area even when not in use. When in use, they put out up to 10 times more radiation than cell phones. Keep them at least 2 rooms away from the bedroom. The safest kind of cordless phones are the old 900 MHz analog types, which can be found on the Internet.
- Wireless Internet or WiFi – they radiate microwaves into the area.
- A process called Earthing helps to discharge extra electrical currents in your body. I recommend Earthing while you sleep. The vast majority of people report improved quality of sleep and preliminary studies show improvements in hormones and the ability to heal. To learn more, visit <http://www.earthinginstitute.org>.

Dr. Ou's Nutrition Advice

Everyone agrees that good nutrition is essential for good health, but it seems that every expert has different ideas on what is best. The following is what I personally follow. When my patients follow the suggestions, many of them feel better, have better energy, lower blood pressure, lower cholesterol, and lower blood sugar. As a rule of thumb, eat fresh, natural, unprocessed foods. My most important recommendations are:

- 1) Avoid sugar - Eating sugar puts stress on multiple systems in the body. The body responds to sugar by secreting insulin which tells the body to store fat, interferes with the balance of adrenal, thyroid, male, and female hormones, interferes with brain neurotransmitters, promotes inflammation and free radicals, and slows down detoxification in the liver. Sugar includes desserts, sodas, sweet tea, sports drinks, and *juices*.
- 2) Avoid high fructose corn syrup - This is another commonly used sweetener often used in products such as sodas and sports drinks. Studies indicate that this is even worse than sugar.
- 3) Avoid white flour. The body converts white flour into sugar and is therefore as harmful as sugar. White flour includes pasta, breads, biscuits, etc.
- 4) Avoid artificial sweeteners including saccharin, Nutrasweet, Splenda, and diet sodas. Some studies suggest that they can be toxic and are associated with weight gain, heart disease, and destruction of good gut bacteria. Xylitol is a safer sweetener and can be found in health food stores or at www.globalsweet.com. Stevia is another good alternative.
- 5) Avoid transfatty acids. This is a fat created by food manufacturers to help keep food from spoiling. They are linked to cancer, heart disease, strokes, and poor cholesterol levels. It is found in many packaged foods including margarine, chips, cookies, and other snacks. Always look at the ingredients and if you see "hydrogenated" or "partially hydrogenated" oils, put it back. Beware of "no trans fats" labels. Because of a loophole in the law, a food can be labeled as having no transfats even though it does.
- 6) Use only cold-pressed, unrefined oils (olive or coconut) for cooking / Avoid most vegetable oils (soy, corn, sunflower, etc). Be aware that most foods cooked in vegetable oils, which include almost any food at a restaurant or packaged in a box, contain heat damaged oils. Most people are surprised to learn that arterial plaques around the heart are mostly made of heat damaged vegetable oils and transfats, not saturated fat.
- 7) Eat unlimited nonstarchy colorful vegetables. As a rule of thumb, 50% or more of the food you eat should be vegetables. They contain vital nutrients and antioxidants. They are the primary food group that helps the body to get rid of toxins. The rest of your food can be beans, unprocessed grains, such as brown basmati rice, and nuts. One serving of fruit a day is fine for most people. Too much will have the same effects as sugar.
- 8) Eat regularly - Skipping meals puts a lot of strain on many systems of the body. Missing meals causes the body to store fat and can affect neurotransmitters, hormones, and detoxification.
- 9) Get protein at every meal - Protein is necessary for detoxification and regulation of sugar, neurotransmitters, and hormones. You can get protein from meats, fish, beans, nuts, dairy, and eggs.

The following are also very helpful.

1. Consider avoiding gluten - Gluten is a protein found in wheat, rye, and barley. This includes most flour, breads, pastas and breakfast cereals. It promotes inflammation of the intestines, brain, and other parts of the body in many people so most people feel better avoiding gluten containing foods. I've had countless patients tell me their fatigue, headaches, GI complaints, depression, anxiety and immune conditions improve.
2. Use sea salt instead of table salt. Table salt is chemically processed and bleached. Sea salt contains many minerals which are needed for the body.
3. Avoid cow's milk and cheese - Hormones, chemicals, and the processing of dairy products can cause health problems in many people. The casein in milk can cause inflammation in many, if not most people.
4. When eating red meat, choose grass fed - The fat in red meat is much healthier when cows are fed grass instead of corn. Grass fed cows are also healthier so they generally need much less antibiotics than corn fed cows.
5. Caution with soy products - There is growing evidence that soy contains ingredients that block the absorption of nutrients and can disrupt normal hormone balance in the body such as causing hypothyroidism. Genetic modification can cause inflammation as well.
6. Drink plenty of clean water - The standard recommendation is about 8 glasses or half a gallon per day. I personally use Multi-Pure water filters (www.multipureco.com; distributor ID 418481), rated by Consumer's Digest as one of the best filters on the market.

Better Health through Inner Peace and Love

A very important part of health which very few doctors deal with is the relationship between the mind and the body. Scientists know that stress is related to numerous health issues such as heart disease, high blood pressure, strokes, a weakened immune system, poor sleep, poor digestion, depression, anxiety, pain, and so on and so forth. From the perspective of mind-body medicine, stress uses the energy that could be used for healing and uses it to damage the body instead.

Giving the importance of reducing stress, the next question is what to do about it. There are thousands of methods, which experts have recommended such as deep breathing, meditation, yoga, positive thinking, exercise, etc. I have explored many of these techniques and have been less than satisfied. The reason is that these techniques don't address the cause of stress: stress-causing thoughts in the mind.

More specifically, it is the judgment that whatever is going on in your life shouldn't be that way. It could be judgment about situations, other people, or yourself. On the road, you might think that certain drivers shouldn't drive the way they do. At work, you might think your co-workers shouldn't act the way they do. Equally as damaging are the judgments about yourself. You might think you shouldn't behave or think in certain ways. You'll notice that the common theme of stress are "shoulds" and "should nots". We make up rules about the way life should be. If someone breaks these mental rules, which is almost guaranteed to happen, it gives your mind the excuse to blame other people and/or yourself for your problems. According to mind-body medicine, resentment, criticism, and guilt are damaging to the body.

If you step back, you'll see that stress is really resisting life as it is. In other words, life becomes a constant battle with one problem after the other. You become a helpless victim of life.

I believe that the true nature of all people is peaceful and loving. However, the constant thoughts of judgment and resisting life suppress that part of yourself. If you were able to reach your true Self, then you would naturally become loving and forgiving which makes life more peaceful and joyful. How then do you deal with these thoughts in order to reach your natural peaceful state?

One very useful tool is Emotional Freedom Techniques (EFT) (www.emofree.com). EFT uses simple acupressure and I've seen amazing changes in stress and anxiety using it. It is possible to learn it on your own, but many people get better results with

a professional. I recommend the services of Terry Thompson Horn at Bridges to Health to help with the healing process.

A second resource would be reading "Come To Your Senses" by Stanley Block, M.D. He has successfully used his system with thousands of people over many decades. His book is one of the very few which address stress by going to its roots. He teaches you how to look at your mental rules and resulting judgmental thoughts and to decrease their effects on you.

Another excellent resource is "Loving What Is" by Byron Katie. She has a website at www.thework.com which has video clips demonstrating her work.

A few caveats about the path towards inner peace. Do not be alarmed when you start to monitor your thoughts. If you do this correctly, you'll notice that your mind is constantly making negative judgments all day long. This is the natural state of a mind not at peace. Anytime, you are not at peace, there is a judgment based on a should or should not behind it. A very common error is to try to suppress, avoid, or change negative judgments. That only makes them worse. They can never go away completely, but by using EFT, or Dr. Block's or Katie's methods, you can learn to look at those thoughts and not have them affect you. Many people also make the mistake of judging themselves for being judgmental. Guilt just continues the cycle of negative judgment. You want to be able to look at your negative judgments objectively without judgment. Another common mistake is to think that if you don't have judgments, then you don't correct problems. You still correct problems, but you take care of them from a place of peace instead of from a place of anger and distress. If you are still having great difficulty with stress, seeing a good therapist can be a necessary step.

As you work to decrease the effects of negative judgments, your true loving Self begins to emerge. You realize that external events and people are not the cause of your distress. This is the essence of true forgiveness. Life becomes happier and things going wrong won't bother you as much. You learn to love people just the way they are and you learn that you are perfect just the way you are. More energy is available for healing resulting in better health. The suffering from illness can be decreased even to the point of needing less medication.

Instead of life being an endless series of problems, it becomes a classroom to learn about yourself and how to become more loving. All people can reach this state and it begins with the choice to look at your mind as a way of life.

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8) Family history:

Does your father have any medical problems? If deceased, what was the cause of death?

Does your mother have any medical problems? If deceased, what was the cause of death?

Do you have any siblings with medical problems?

9) How is your energy level?

Do you wish you had more energy to do things?

Do you use caffeine/coffee or other stimulants for energy?

After eating, does your energy improve, worsens, or remains unchanged?

10) Do you sleep well without the use of sleep aids?

How much sleep do you get a night?

Do you have trouble falling asleep? If so, how long does it take?

How many times do you wake up during the night? How long does it take to return to sleep?

11) How often do you have bowel movement without the use of fiber or laxatives?

12) Do you eat 3 meals a day everyday?

Do you eat protein (meat, beans, or nuts) at each meal?

Describe what you would eat in a typical breakfast, lunch, dinner, snack

13)

How often do you eat of the following foods:	None	Weekly	Few times a week	Daily
Meat: Meat, fish, poultry	_____	_____	_____	_____
Dairy: milk, yogurt, cheese	_____	_____	_____	_____
Eggs	_____	_____	_____	_____
Vegetables	_____	_____	_____	_____
Sodas / soft drinks / sweet tea /sports drinks	_____	_____	_____	_____
Sweets: desserts, cookies, ice cream	_____	_____	_____	_____
Artificial sweeteners: diet drinks, Nutrasweet, Splenda	_____	_____	_____	_____
Gluten: bread, pasta, oats, rye, barley, cereal	_____	_____	_____	_____
Starches: potatoes, rice	_____	_____	_____	_____
Fruits and fruit juice	_____	_____	_____	_____
Packaged foods from a bag or box	_____	_____	_____	_____

14) How many courses of antibiotics have you taken in the past?

Have you taken any prolonged courses (over 2 weeks)?

15) How many metal fillings do you have in your teeth now?

How many have you had in the past?

Have you had any removed?

- 16) Do you have a TV in your bedroom?
- 17) Do you have electric appliances near your bed: clock, radio, phone (corded, cordless, or cell) , wireless Internet?
- 18) Do you use a cell phone? How often?
- 19) Do you use an electric blanket?
- 20) Do you use magnets for health reasons?
- 21) Any history of shingles?
- 22) How much stress is there in your life?: mild, moderate, severe
- 23) What do you do for stress management?
- 24) Anything else to add?

Symptom Inventory

<u>Do you have trouble with the following?</u>	Yes	No	If yes, describe
Headaches	_____	_____	_____
Dizziness	_____	_____	_____
Allergies / sinuses	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____
Breathing	_____	_____	_____
Heart	_____	_____	_____
Hypertension	_____	_____	_____
Diabetes	_____	_____	_____
Pain	_____	_____	_____
Arthritis	_____	_____	_____
Numbness	_____	_____	_____
Rashes	_____	_____	_____
Swelling / edema	_____	_____	_____
Sensitivity to chemicals, fumes, etc.	_____	_____	_____
Other	_____	_____	_____

Readiness Assessment

In order to improve your health, how willing are you to:

Rate of a scale of 1 (not willing) to 5 (very willing)

Significantly modify your diet.....	1	2	3	4	5
Take several nutritional supplements each day.....	1	2	3	4	5
Modify your lifestyle (sleep habits, work schedule)	1	2	3	4	5
Practice a relaxation technique.....	1	2	3	4	5
Have periodic lab tests to monitor your progress	1	2	3	4	5
Have regular appointments to monitor your progress.....	1	2	3	4	5

Comments: _____

How confident are you of your ability to organize and follow through on the above health related activities?: 1 2 3 4 5

If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to fully engage in the above activities?

At the present time, how supportive do you think your household will be to your implementing the above changes? 1 2 3 4 5

Have you completed the following forms?:

Health Questionnaire	Y / N
Metabolic Assessment Form	Y / N
Neurotransmitter Assessment Form	Y / N
Registration Form	Y / N
Financial Policy	Y / N
HIPAA Privacy Notice	Y / N
Informed Consent	Y / N

Have you obtained copies of your lab tests from your health care providers you've previously seen? Y / N

Have you read and understand the cancellation policy? Y / N

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

Please list the 5 major health concerns in your order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Please circle the appropriate number “0 - 3” on all questions below. 0 as the least/never to 3 as the most/always.

Category I			
Feeling that bowels do not empty completely	0	1	2 3
Lower abdominal pain relief by passing stool or gas .	0	1	2 3
Alternating constipation and diarrhea	0	1	2 3
Diarrhea	0	1	2 3
Constipation	0	1	2 3
Hard, dry, or small stool	0	1	2 3
Coated tongue of “fuzzy” debris on tongue	0	1	2 3
Pass large amount of foul smelling gas	0	1	2 3
More than 3 bowel movements daily	0	1	2 3
Use laxatives frequently	0	1	2 3
Category II			
Excessive belching, burping, or bloating	0	1	2 3
Gas immediately following a meal	0	1	2 3
Offensive breath	0	1	2 3
Difficult bowel movements	0	1	2 3
Sense of fullness during and after meals	0	1	2 3
Difficulty digesting fruits and vegetables; undigested foods found in stools	0	1	2 3
Category III			
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2 3
Use antacids	0	1	2 3
Feel hungry an hour or two after eating	0	1	2 3
Heartburn when lying down or bending forward	0	1	2 3
Temporary relief from antacids, food, milk, carbonated beverages	0	1	2 3
Digestive problems subside with rest and relaxation .	0	1	2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2 3
Category IV			
Roughage and fiber cause constipation	0	1	2 3
Indigestion and fullness lasts 2-4 hours after eating	0	1	2 3
Pain, tenderness, soreness on left side under rib cage	0	1	2 3
Excessive passage of gas	0	1	2 3
Nausea and/or vomiting	0	1	2 3
Stool undigested, foul smelling, mucous-like, greasy, or poorly formed	0	1	2 3
Frequent urination	0	1	2 3
Increased thirst and appetite	0	1	2 3
Difficulty losing weight	0	1	2 3

Category V			
Greasy or high-fat foods cause distress	0	1	2 3
Lower bowel gas and or bloating several hours after eating	0	1	2 3
Bitter metallic taste in mouth, especially in the morning	0	1	2 3
Unexplained itchy skin	0	1	2 3
Yellowish cast to eyes	0	1	2 3
Stool color alternates from clay colored to normal brown	0	1	2 3
Reddened skin, especially palms	0	1	2 3
Dry or flaky skin and/or hair	0	1	2 3
History of gallbladder attacks or stones	0	1	2 3
Have you had your gallbladder removed	Yes	No	
Category VI			
Crave sweets during the day	0	1	2 3
Irritable if meals are missed	0	1	2 3
Depend on coffee to keep yourself going or started .	0	1	2 3
Get lightheaded if meals are missed	0	1	2 3
Eating relieves fatigue	0	1	2 3
Feel shaky, jittery, or have tremors	0	1	2 3
Agitated, easily upset, nervous	0	1	2 3
Poor memory/forgetful	0	1	2 3
Blurred vision	0	1	2 3
Category VII			
Fatigue after meals	0	1	2 3
Crave sweets during the day	0	1	2 3
Eating sweets does not relieve cravings for sugar . .	0	1	2 3
Must have sweets after meals	0	1	2 3
Waist girth is equal or larger than hip girth	0	1	2 3
Frequent urination	0	1	2 3
Increased thirst and appetite	0	1	2 3
Difficulty losing weight	0	1	2 3
Category VIII			
Cannot stay asleep	0	1	2 3
Crave salt	0	1	2 3
Slow starter in the morning	0	1	2 3
Afternoon fatigue	0	1	2 3
Dizziness when standing up quickly	0	1	2 3
Afternoon headaches	0	1	2 3
Headaches with exertion or stress	0	1	2 3
Weak nails	0	1	2 3

Category IX				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amounts of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3

Category X				
Tired, sluggish	0	1	2	3
Feel cold – hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight gain even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression, lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genitals or excessive falling hair	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

Category XI				
Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

Category XII				
Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

Category XIII				
Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
“Splitting” type headaches	0	1	2	3

Category XIV (Males only)				
Urination difficulty or dribbling	0	1	2	3
Frequent urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel evacuation	0	1	2	3
Leg nervousness at night	0	1	2	3

Category XV (Males only)				
Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erections	0	1	2	3
Difficulty in maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decrease in physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

Category XVI (Menstruating Females Only)				
Are you perimenopausal	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle, greater than 32 days	Yes	No		
Shortened menses, less than every 24 days	Yes	No		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne breakouts	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

Category XVII (Menopausal Females Only)				
How many years have you been menopausal?				
Since menopause, do you ever have uterine bleeding?	Yes	No		
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness or itching	0	1	2	3

How many alcoholic beverages do you consume per week? _____

How many times do you eat out per week? _____

How many times a week do you eat fish? _____

List the three worst foods you eat during the average week: _____, _____, _____

List the three healthiest foods you eat during the average week: _____, _____, _____

Do you smoke? _____ If yes, how many times a day: _____

Rate your stress levels on a scale of 1-10 during the average week: _____

Please list any medications you currently take and for what conditions:

 Don't need to answer this question since asked before

Please list any natural supplements you currently take and for what conditions:

 Don't need to answer this question since asked before

Health Questionnaire (NTAF)

Name: _____ Age: _____ Sex: _____ Date: _____

* Please circle the appropriate number "0 - 3" on all questions below. 0 as the least/never to 3 as the most/always.

SECTION A

- Is your memory noticeably declining? 0 1 2 3
- Are you having a hard time remembering names and phone numbers? 0 1 2 3
- Is your ability to focus noticeably declining? 0 1 2 3
- Has it become harder for you to learn things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament getting worse in general? 0 1 2 3
- Are you losing your attention span endurance? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you fatigue when driving compared to the past? 0 1 2 3
- How often do you fatigue when reading compared to the past? 0 1 2 3
- How often do you walk into rooms and forget why? 0 1 2 3
- How often do you pick up your cell phone and forget why? 0 1 2 3

SECTION B

- How high is your stress level? 0 1 2 3
- How often do you feel that you have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- How often do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you find it difficult to get regular exercise? 0 1 2 3
- Do you feel uncared for by the people in your life? 0 1 2 3
- Do you feel you are not accomplishing your life's purpose? 0 1 2 3
- Is sharing your problems with someone difficult for you? 0 1 2 3

SECTION C

SECTION C1

- How often do you get irritable, shaky, or have lightheadedness between meals? 0 1 2 3
- How often do you feel energized after eating? 0 1 2 3
- How often do you have difficulty eating large meals in the morning? 0 1 2 3
- How often does your energy level drop in the afternoon? 0 1 2 3
- How often do you crave sugar and sweets in the afternoon? 0 1 2 3
- How often do you wake up in the middle of the night? 0 1 2 3
- How often do you have difficulty concentrating before eating? 0 1 2 3
- How often do you depend on coffee to keep yourself going? 0 1 2 3
- How often do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

SECTION C2

- Do you get fatigued after meals? 0 1 2 3
- Do you crave sugar and sweets after meals? 0 1 2 3
- Do you feel you need stimulants such as coffee after meals? 0 1 2 3
- Do you have difficulty losing weight? 0 1 2 3
- How much larger is your waist girth compared to your hip girth? 0 1 2 3
- How often do you urinate? 0 1 2 3
- Have your thirst and appetite been increased? 0 1 2 3
- Do you have weight gain when under stress? 0 1 2 3
- Do you have difficulty falling asleep? 0 1 2 3

SECTION 1 - S

- Are you losing your pleasure in hobbies and interests? 0 1 2 3
- How often do you feel overwhelmed with ideas to manage? 0 1 2 3
- How often do you have feelings of inner rage (anger)? 0 1 2 3
- How often do you have feelings of paranoia? 0 1 2 3
- How often do you feel sad or down for no reason? 0 1 2 3
- How often do you feel like you are not enjoying life? 0 1 2 3

- How often do you feel you lack artistic appreciation? 0 1 2 3
- How often do you feel depressed in overcast weather? 0 1 2 3
- How much are you losing your enthusiasm for your favorite activities? 0 1 2 3
- How much are you losing enjoyment for your favorite foods? 0 1 2 3
- How much are you losing your enjoyment of friendships and relationships? 0 1 2 3
- How often do you have difficulty falling into deep restful sleep? 0 1 2 3
- How often do you have feelings of dependency on others? 0 1 2 3
- How often do you feel more susceptible to pain? 0 1 2 3
- How often do you have feelings of unprovoked anger? 0 1 2 3
- How much are you losing interest in life? 0 1 2 3

SECTION 2 - D

- How often do you have feelings of hopelessness? 0 1 2 3
- How often do you have self-destructive thoughts? 0 1 2 3
- How often do you have an inability to handle stress? 0 1 2 3
- How often do you have anger and aggression while under stress? 0 1 2 3
- How often do you feel you are not rested even after long hours of sleep? 0 1 2 3
- How often do you prefer to isolate yourself from others? 0 1 2 3
- How often do you have unexplained lack of concern for family and friends? 0 1 2 3
- How easily are you distracted from your tasks? 0 1 2 3
- How often do you have an inability to finish tasks? 0 1 2 3
- How often do you feel the need to consume caffeine to stay alert? 0 1 2 3
- How often do you feel your libido has been decreased? 0 1 2 3
- How often do you lose your temper for minor reasons? 0 1 2 3
- How often do you have feelings of worthlessness? 0 1 2 3

SECTION 3 - G

- How often do you feel anxious or panic for no reason? 0 1 2 3
- How often do you have feelings of dread or impending doom? 0 1 2 3
- How often do you feel knots in your stomach? 0 1 2 3
- How often do you have feelings of being overwhelmed for no reason? 0 1 2 3
- How often do you have feelings of guilt about everyday decisions? 0 1 2 3
- How often does your mind feel restless? 0 1 2 3
- How difficult is it to turn your mind off when you want to relax? 0 1 2 3
- How often do you have disorganized attention? 0 1 2 3
- How often do you worry about things you were not worried about before? 0 1 2 3
- How often do you have feelings of inner tension and inner excitability? 0 1 2 3

SECTION 4 - ACH

- Do you feel your visual memory (shapes & images) is decreased? 0 1 2 3
- Do you feel your verbal memory is decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity been decreased? 0 1 2 3
- Has your comprehension been diminished? 0 1 2 3
- Do you have difficulty calculating numbers? 0 1 2 3
- Do you have difficulty recognizing objects & faces? 0 1 2 3
- Do you feel like your opinion about yourself has changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing slower mental response? 0 1 2 3

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition. For nutritional purposes only.

Medication History*

Please circle any of the following medication you have been or are currently taking.

Acetylcholine Receptor Antagonist – Antimuscarinic Agents

Atropine, Ipratropium, Scopolamine, Tiotropium

Acetylcholine Receptor Antagonist - Ganglionic Blockers

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

Acetylcholinesterase Reactivators

Pralidoxime

Acetylcholine Receptor Antagonist - Neuromuscular Blockers

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Succinylcholine, Tubocurarine, Vecuronium, Hemicholinium

Agonist Modulator of GABA Receptor (benzodiazepines)

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSom, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazepines)

Ambien, Sonata, Lunesta, Imovane

Cholinesterase Inhibitors (irreversible)

Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

Cholinesterase Inhibitors (reversible)

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Edrophonium, Neostigmine, Physostigmine, Pyridostigmine, Carbamate Insecticides

Dopamine Reuptake Inhibitors

Wellbutrin (Bupropion)

Dopamine Receptor Agonists

Mirapex, Sifrol, Requip

D2 Dopamine Receptor Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Fluanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

GABA Antagonist Competitive binder

Flumazenil

Monoamine Oxidase Inhibitors (MAOI)

Marplan, Aurorix, Manerix, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

Noradrenergic and Specific Sertonegic Antidepressants (NaSSaa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

Selective Serotonin Reuptake Inhibitors

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Seropram, Cipralext, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Paroxat, Lustral, Serlain, Dapoxetine

Selective Serotonin Reuptake Enhancers

Stablon, Coaxil, Tatinol

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despiramin, Duloxetine

Tricyclic Antidepressants (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiaden, Adapin, Sinequan, Tofranil, Janamine, Gamanil, Aventyl, Pamelor, Opi Pramol, Vivactil, Rhotrimine, Surmontil

*Please refer to prescribing physician for nutritional interactions with any medications you may be taking.

Registration Form:

Dave Ou, M.D., P.C.

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent.

Name: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone Carrier: _____

E-mail address: _____

Please indicate which phone(s) you would prefer us to use: _____

May we leave messages on your voice mail regarding appointments and to return our call? Y / N

May we leave E-mail regarding appointment reminders? Y / N

Marital Status: Married / Single / Widowed / Divorced

Spouse's Name (if applicable) _____

Occupation: _____ Employer's Name _____

Employer's Address: _____ City: _____ State _____ Zip _____

Please list someone that we may contact if we are unable to reach you:

Name: _____ Telephone: _____

Relationship: _____

Responsible Party (complete only if different from patient or if patient is under 18 years of age)

Name: _____ Social Security Number _____

Address: _____ City: _____ State _____ Zip _____

Telephone: _____

Whom May We Thank for Referring You to Our Practice? _____

Financial Policy

**Dave Ou, MD, PC
1766 Century Blvd NE Suite B
Atlanta, GA 30345**

By signing this form, I, _____ [name of patient] acknowledge that, with respect to services rendered by Dave Ou, MD (“Dr. Ou”) at Bridges to Health, LLC (“Bridges”):

Extent of Participation in Commercial Insurance Plans. Dr. Ou participates in BlueCross PPO. He is out of network on all other plans. I understand that it is my responsibility to check with my insurer to determine whether Dr. Ou participates in my insurance plan.

(1) If Dr. Ou does participate in my plan, I understand that Dr. Ou will take assignment and I will be responsible for co-payments, co-insurance or deductibles at the conclusion of each visit. In the event that Dr. Ou provides services that are non-covered under my plan, such as certain specialty lab tests, supplements, acupuncture, and Matrix Energetics, I understand and agree that I am responsible for payment of these services at the conclusion of each visit.

(2) If Dr. Ou does not participate in my plan, then I am responsible for payment in full at time of service and charges are determined by Dr. Ou / Bridges. I understand that the charge may be greater than the amount reimbursed by my insurance plan, and that I am responsible for payment of the difference. I am financially responsible for any charges for services even should my insurer determine that those services are non-covered or are unreasonable, medically unnecessary or inappropriate. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Dr. Ou or Bridges to take action to secure payment of an outstanding balance owed.

Claim Management:

My treating practitioner(s) will respond to insurance requests for information, but will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I understand I may be charged for responding to requests for information. I understand that Dr. Ou and Bridges will assist me as much as possible in understanding whether my insurance will cover any particular expenses, but given the uncertainty that pervades insurance decisions, cannot be responsible for any information that turns out to be incorrect.

Extent of Medicare Participation

Non-Participating. Dr. Ou is non-participating and does not accept assignment from Medicare meaning that Medicare will not pay him directly. The charges for covered services are set by Medicare. I am responsible for payment of all charges at the conclusion of each visit. We will file a claim and Medicare will send you a check for about 69.5% of covered charges.

Dr. Ou will attempt to assist Medicare patients in understanding what services are covered, and when I am responsible for payment for a service, but I acknowledge that I should understand my own benefits. In the event that Dr. Ou provides services that are non-covered under my plan, such as certain specialty lab tests, supplements, acupuncture, and Matrix Energetics, I understand and agree that I am responsible for payment of these services at the conclusion of each visit. In the event it is not clear whether a service is covered

because, while it may be covered in different circumstances, it will likely not be covered in this case, Dr. Ou will provide Medicare patients with an Advance Beneficiary Notice (ABN) explaining that he believes the service is non-covered and allowing me to determine whether I want to receive the treatment and be financially responsible for payment.

Assignment of Benefits & Authorization to Release Information for Medicare

I authorize the release of any medical or any other protected health information to my insurance carrier(s), Medicare carrier or other entity necessary to determine insurance benefits or the benefits payable for related medical services and/or supplies provided to me by Dr. Ou. (A copy of this authorization will be sent to my Medicare Carrier, my insurance carrier(s), or other medical entity that I have designated as responsible for payment, if requested.

For your convenience, we accept all the following methods of payment:

- Cash
- Check (with photo identification)
- Visa
- Master Card
- Debit card

Missed Appointments and Late Cancellations

We have a two business day cancellation policy.

- There is no fee if the appointment is cancelled 3 or more business days before the appointment.
- There is a \$50 fee if the appointment is cancelled 2 business days before the appointment.
- There is a \$100 fee if the appointment is cancelled 1 day before or the day of the appointment
- There is a \$200 fee if the appointment isn't cancelled at all
- Further appointments cannot be made until these fees are settled.
- There are no excuses except for extreme circumstances such as being hospitalized or death in the family.

FEES

OFFICE VISITS (These are typically covered by insurance, but patients are responsible for deductibles, co-pays, and co-insurances. Discounts are available for those not using insurance when paid at the time of service)

Initial Visit (1 hour): \$360 then \$300/hour for additional time

Follow-up Visit: \$300/hour. Most follow-ups take 45-60 minutes

PHONE CALLS and EMAIL (not covered by insurance)

Calls and Email that take over 5 minutes will be billed at the same rate as in person appointments.

Supplements / Matrix Energetics / Theragem: (never covered by insurance)

Supplements range from \$50 to \$300 per month.

Matrix Energetics: \$75 per half hour plus office visit

Theragem: \$75 per session (about 40 minutes) plus office visit

FORM FEES (if not filled out during an appointment. Not covered by insurance)

FMLA / Leave of Absence: \$30

DMV Car Placard: \$15

Insurance letters: \$15 per page

Employment Forms: \$30

School Forms: \$15

Disability Forms: \$30

Other letters: \$15 per page

Rush Fee (same day): \$20 + regular fee

The fees are subject to change.

I HAVE CAREFULLY READ THIS FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. If any portion of this form is held invalid, the rest of the document will continue in full force and effect.

Name of Patient (and of Legal Guardian if appropriate)	
Signature of Patient or Legal Guardian	
Date	

FURTHER EXPLANATION OF FEES

Due to different rules from different insurance plans, the following is to help you understand your responsibilities given your situation.

Office visit: This is for Dr. Ou's time and is charged at every visit.

Medicare: Medicare will not reimburse Dr. Ou directly. Patients are responsible for the entire office visit charge at the conclusion of each visit. Medicare will reimburse the patient directly for about 69.5% of the office visit after the deductible has been met.

Blue Cross PPO: Dr. Ou will accept assignment. Patients are responsible for their deductible, co-pays, and co-insurance at the conclusion of each visit

Other plans that Dr. Ou does not participate in but have out of network benefits (most PPOs): Patients are responsible for their deductible, co-pays, and co-insurance at the conclusion of each visit. Dr. Ou will file a claim and patients will be responsible for the difference between his charges and insurance reimbursement.

Self pay / other plans without out of network benefits (most HMOs): Patients are responsible for the entire office visit charge at the conclusion of each visit. Discounts are available when the full amount is paid at the time of service.

Labs and specialty tests:

Medicare: The labs will bill the patient directly. Most labs accept Medicare assignment, but patients may be responsible for non-covered tests. Those that do not may require pre-payment from the patient.

Blue Cross PPO: The labs will bill Dr. Ou and Dr. Ou will accept assignment from your insurance company. Patients are responsible for their deductible, co-pays, and co-insurance.

Other plans that Dr. Ou does not participate in but have out of network benefits (most PPOs): The labs will bill Dr. Ou. He will file a claim and patients will be responsible for the difference between his charges and insurance reimbursement. Patients are also responsible for their deductible, co-pays, and co-insurance.

Self pay / other plans without out of network benefits (most HMOs): The labs will bill Dr. Ou. Patients are responsible for the test charge at the conclusion of each visit. Discounts are available when the full amount is paid at the time of service.

Other Practice Policies

TELEPHONE AND EMAIL

Appointments for telephone consultations are available for existing patients during regular business hours. In general, there is no charge for brief uncomplicated questions. Calls that take over 5 minutes will be billed at the same rate as in person appointments. For non-urgent matters that would be best attended to during an appointment, we request that you schedule an appointment.

We are available for brief nonurgent questions by email. E-mail which take over 5 minutes to read and reply will be charged at the same rate as in person appointments. Please do not write any urgent e-mail that require same day attention.

Test Results

Dr. Ou will notify you of any lab tests that require immediate attention. Otherwise, all tests will be reviewed at your next scheduled appointment. It is your responsibility to schedule a follow-up appointment to discuss test results. Results for test kits that are sent to specialized labs have up to a 4 week turnaround time.

Forms

Because of the time required to complete forms, we charge fees as seen in the fee schedule. We will try our best to accommodate your needs and any extenuating circumstances, but please try to allow at least one week for all forms to be completed.

No after hours services

Dr. Ou does not offer on call coverage. For this reason, you are encouraged to get established with a primary care provider in case of emergencies.

You may E-mail Dr. Ou after hours via his website and he'll do his best to respond, but can not guarantee a prompt response.

For any urgent medical issues, you are advised to go to your local emergency room. If you need to be hospitalized, then a hospital physician will be assigned to you during your stay. Request that a copy of your records are sent to me when you are discharged.

Appointment reminders

As a courtesy, our medical records system will send appointment reminders to you via E-mail. If you do not receive the reminders, you are still responsible for keeping your appointment or rescheduling it

Supplement Refills

Dr. Ou frequently travels for continuing education. It is best to contact us at least 1 week before running out. We can ship them to you or you can stop by the office to pick them up.

Office Hours

Our office hours are 9:30 am – 5 pm Monday, Tuesday, Wednesday, and Friday. On Wednesday, our hours are 9:30 am – 12:30 p.m. We will attempt to post any changes to our schedule on our website at www.bridgestohealthatl.com

Office policies are subject to change

HIPPA PRIVACY NOTICE

DAVE OU, MD, PC
NOTICE TO PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. The General Authorization for Release of Medical Records that you sign authorizes your medical care provider, Dave Ou, M.D. (“Provider”), to disclose the information in your medical records to the extent needed for the following purposes:

1. *For the purpose of providing treatment to you.* This would include, for example, sharing information with employees and contractors of Provider, or with other health care providers who are treating you or consulting in your care.
2. *For the purpose of arranging payment for your care.* This would include, for example, your insurer or other third-party payor who is responsible for paying all or part of the cost of your care.
3. *For the purpose of Provider’s “health care operations.”* This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolution of internal grievances and the provision of legal and auditing services.
4. *For the purpose of other health care providers’ “health care operations,” to the extent that they have a treatment relationship with you.*

B. A Specific Authorization for Release of Medical Records that you may sign authorizes Provider to make a specific disclosure that is not covered under section A, above. A Specific Authorization will name the party to whom you are authorizing disclosure, and will contain any limitations on the authority to disclose your records.

C. You may revoke any authorization provided to Provider by giving Provider a written notice of revocation. Provider may refuse to treat you if you revoke the General Authorization.

D. Provider may be required by law, in some cases, to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies or the U.S. Department of Health and Human Services.

E. Provider may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

F. You have the following rights with respect to your medical records/information:

1. You have the right to request restrictions on the use and disclosure of your medical records/information. The Provider must comply with the requested restriction if: (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. In all other cases, however, Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider will not agree to a requested restriction.

2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.

3. You have the right to inspect and copy your medical records, and to obtain a copy of such information in an electronic format and, if you choose, to direct Provider to transmit such copy directly to an entity or person designated by you in a clear, conspicuous and specific communication (Provider is entitled to charge you a reasonable fee related to the cost of copying your records. If your request is for your information in electronic form, the fee may not be greater than the Provider's labor costs in responding to your request.)

4. You have the right to seek to amend your medical records, and if Provider does not agree with your request, to note your objection in the medical record.

5. You have a right to receive an accounting (list) of disclosures of your medical records/information made by Provider, except for those disclosures that are made to you or with your specific authorization, that fall within the scope of Provider's "health care operations," or disclosures made for payment or treatment purposes (to carry out treatment, payment and health care operations).

6. You have the right to receive a paper copy of this notice.

G. Provider is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices, as appropriate.

H. If a patient believes that his or her privacy rights have been violated, the patient may complain to Provider, or to the Secretary of the U.S. Department of Health and Human Services. To complain to Provider, please write or call us with the details. Provider will not retaliate in any way against a patient for making a complaint.

I. If you as a patient or guardian believe that your privacy rights have been violated, and wish to notify our practice, please call our office and ask to speak with our designated Privacy Complaints Contact Person: Dave Ou, M.D.

J. Provider reserves the right to change its privacy practices, and to make its new policies effective for all protected health information that provider maintains. If such changes are made, Provider will issue an updated “Notice to Patients” to all of Provider’s patients.

Please acknowledge receipt and review of this notice by signing below. For further information, please call Dave Ou, M.D. at 404-418-6010.

Name of Patient

Signature of Patient (or legally responsible individual) Date

Description of Authority of legally responsible individual

Witness Date

DAVE OU, MD, PC
GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, patient of Dave Ou, M.D., PC (“Provider”), understand that my signature below gives Provider permission, to the extent necessary, to use my medical record, and to provide access to my medical record, while and after I am treated by Provider, for reasons that follow:

1. For the purpose of providing treatment to me, including release of information to other health care providers with whom I already am in treatment;
2. For the purpose of arranging for payment for my care;
3. For the purpose of Provider’s “health care operations.” This last category includes such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolution of internal grievances and the provision of legal and auditing services;
4. For the purpose of other health care providers’ “health care operations,” to the extent that they have a treatment relationship with me.

I understand that my permission allows Provider to transmit permissible information through any means that is reasonably secure, including via e-mail, assuming that reasonable protective measures are taken to preserve the confidentiality of the information.

I understand that I may revoke this authorization at any time, but that Provider may refuse to give me further treatment if I do so.

I understand that I have the right to request that Provider restricts how my medical information is used. If I wish to request a restriction, I will initial here: _____. In this case, Provider will give me a separate form to fill out, which will also be used for Provider to indicate whether or not Provider agrees to the requested restriction. I understand that the Provider must comply with the requested restriction only if: (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the Provider has been paid out of pocket in full.

I understand that I have a number of rights identified below (and listed more fully on the Patient Notice provided to me by Provider):

* The right to review, and copy, my medical record (and to obtain a copy of such information in an electronic format and, if I choose, to direct Provider to transmit such copy directly to an entity or person designated by me in a clear, conspicuous and specific communication)

* The right to request the amendment (changing) of my medical record

- * The right to grant or deny access to my record to others
- * The right to decide how information from my record will be conveyed to others
- * The right to complain about how my records are handled, to the Secretary of the U.S. Department of Health and Human Services, and to Provider
- * The right to revoke, in writing, any consent that I provide for access to my record
- * The right to authorize Provider to give information about my care to relatives or close friends, to the extent of their involvement with my care or payment
- * The right to review a record of access to my medical record

I understand that I have the right to either grant or deny access to my medical record, and that my specific written permission will be sought if access is requested for any reason not set forth above, or, in most cases, for the release of psychotherapy notes.

The provider may decide to change some of the above-stated policies, and I understand that I will be given a revised Notice if this occurs.

Name of Patient

Signature of Patient (or legally responsible individual) Date

Description of Authority of legally responsible individual

Witness Date

Informed Consent

Dave Ou, MD, PC

**1766 CENTURY BLVD NE STE B, ATLANTA, GA 30345
404-418-6010**

Documentation of Informed Consent and Assumption of Risk

By signing this form, I, the undersigned patient, acknowledge that, with respect to services rendered by Dave Ou, MD at Bridges to Health, LLC (the "Center"):

Physician's Role (check one):

[Note to Patient: Dr. Ou encourages his patients to have another physician as a primary care physician for the reasons listed below. If you wish Dr. Ou to be your primary care physician, please discuss this with him. If the two of you mutually decide to engage in a primary care relationship, please check that box below and ask Dr. Ou to countersign.]

- Physician is providing me with limited primary care.** Dr. Ou is my primary care physician and thus seeing me in a primary treating capacity with the following limitations:
- Dr. Ou does not offer on-call coverage; patients after-hours or when he is out of the office are directed by voice-mail to their local hospital Emergency Room.
 - Even if Dr. Ou makes e-mail advice available to patients on an ongoing basis, patients are hereby notified that they cannot expect an immediate response to their medical needs.
 - Dr. Ou is not equipped with X-rays, EKGs, or urine tests.
 - He does not provide gynecologic care.
 - He does not provide primary care to children under 16.

I accept this patient as a primary care patient: _____ (initials of Dave Ou, MD)

Physician is not providing me with primary care. Dr. Ou is only offering (please check one below):

Specialized, complementary, alternative or integrative care adjunctive to primary care I am receiving from my primary care physician.

Acupuncture Only.

In either case, I am currently receiving ongoing medical care and treatment for my condition by a medical doctor who is serving as my primary care physician ("PCP") and is responsible for my primary care. PCP's name and contact details are as follows:

Name of Physician		Name of Physician Practice	
Street Address		City, State & Zip	
Office Telephone		E-mail (if available)	

I have asked Dr. Ou to serve in the specialized capacity indicated above, and not in a primary treating capacity. I understand that Dr. Ou is not my primary care physician and that I may not rely on him as such; even if Dr. Ou takes an extensive medical history and evaluation that includes exploration of areas beyond my chief complaint(s), and may include clinical recommendations that address problems other than my chief complaint(s) as part of his holistic approach to care, this does not create a responsibility to diagnose or treat any health condition I may have. Further, my medications are being managed by my PCP and each of my prescribing physician(s), and Dr. Ou is not responsible for following me through routine office visits, physical examination or treatments beyond the chief complaints for which I seek his care. Dr. Ou will make an effort to respond to any ongoing requests for services, but cannot guarantee that he will be available on an emergency or an ongoing basis. I agree that Dr. Ou may withdraw from his or her care upon reasonable notice, which would generally be considered 30 days notice unless there are extenuating circumstances.

I also understand that even though Dr. Ou has admitting privileges at the local hospital, Dr. Ou has a limited ability to assist me in the event I am in need of or during any hospitalization after hours. Dr. Ou does not offer on-call coverage; patients after-hours are directed by voice-mail to their local hospital Emergency Room. Even if Dr. Ou makes e-mail advice available to patients on an ongoing basis, patients are hereby notified that they cannot expect an immediate response to their medical needs.

Engagement for Specialized Care: I have engaged Dr. Ou for advice that integrates his knowledge of innovative, emerging, nonstandard, nonconventional, holistic, or complementary and alternative medical (collectively, “CAM”) therapies and other approaches to wellness, such as functional medicine, energy healing, and other modalities. I understand that Dr. Ou may make recommendations for pharmaceuticals for uses not specifically approved by the United States Food and Drug Administration (USFDA) (recommendations which are known as “off-label” uses) and for dietary supplements and nutraceuticals which may not be approved for any medical indications by the FDA. Dr. Ou has described his education, experience, and credentials (if any) relating to these therapies, which includes: NES Certified Practitioner, Certified Matrix Energetics Practitioner, Diplomate in FCT, training from the Institute of Functional Medicine, and registered to practice acupuncture by the State of Georgia. I understand that the care provided by Dr. Ou is highly specialized and based upon information that may not be widely recognized within the medical profession, or in some cases about which there may be disagreement among qualified medical experts. Care rendered may therefore be seen by some as outside standard of care or may be considered by my medical insurer or government agencies as medically unnecessary, even though the recommendations may nonetheless be therapeutically appropriate and constitute good clinical care.

Referrals to Other Health Care Practitioners: I understand that Dr. Ou may also refer me for additional care to one or more allied health or CAM providers, either within or at the Center. I understand that referral to a provider within the Center will have no financial impact on my care, that Dr. Ou has no financial interest in such referrals, and that I am free to see comparable providers outside of the Center.

✓ **Business Practice Location Only:** I further understand that the Center is a business practice location only. This means that other practitioners (such as Terry Horn, LPC) within the Center are separate and independent; the practitioners performing services in this location only share space and are not employees or agents of Dr. Ou, and Dr. Ou is not responsible for their care or their quality of care. Other practitioners renting space within the Center are responsible for their own actions, and neither Dr. Ou nor the Center is liable for the acts or omissions of any tenant. Further, neither Dr. Ou nor the Center makes any claims regarding products or services rendered by any other practitioner or individual at the Center.

Disclosures and Discussion Regarding My Informed Consent to Diagnostic and Therapeutic Procedures:

Dr. Ou and I will discuss the risks and benefits of including or forgoing the suggested diagnostic and therapeutic approaches, to enable me to decide to include or forgo these approaches in my treatment regimen. I should be aware that some of the diagnostic and treatment options offered:

- may be nonconventional or nonstandard, or may involve a drug or device that is used for off-label purposes or to support my health and well-being using energetic means;
- the safety, efficacy, and mechanisms for some of these therapies may not be completely known even though limited information from clinical trials may exist, and that some of these therapies could adversely interact with medications I am currently taking or that are prescribed by my physician(s) or other health care provider(s), or with procedures such as surgery;
- it may be difficult, given the current state of medical science, to predict results with respect to inclusion of these therapies; and the fact that therapies we have discussed may be emerging therapies that are not uniformly considered proven or acceptable, despite available clinical data;
- it is important to continue my primary medical care through my primary care physician, as appropriate, and to ensure that inclusion of CAM or other therapies recommended does not cause a delay in, or discourage conventional diagnosis of (or care for) any medical condition
- Dr. Ou may refer me to other practitioners, including CAM providers and allied health practitioners to offer helpful therapeutic services, although Dr. Ou cannot guarantee results from their care and is not responsible for the quality of care they may or may not be able to provide.

On-Site Sales of Dietary Supplements: I may be able to purchase certain dietary supplements, that Dr. Ou recommends, on-site at the Center. I understand that Dr. Ou or the Center offers these products, some of which are only available through physician's offices, as a service to assure the availability of these high-quality, standardized products to patients. I understand that either Dr. Ou or the Center has applied a usual and customary markup on these products, and that Dr. Ou has a financial interest in this markup. I understand that I am under no obligation to purchase any products and that the quality of the health care services I am offered will not be affected if I choose to either purchase similar products elsewhere or not to follow the recommendations that I take certain supplements.

Voluntary Consent: I have been given ample opportunity to ask questions and any questions I have asked have been answered or explained in a satisfactory manner. My consent to using functional medicine, energetic, and other approaches, whether considered conventional or CAM, is given voluntarily, without coercion, and may be withdrawn, and I am competent and able to understand the nature and consequences of my decision.

Assumption of Risk: I knowingly, voluntarily, and intelligently assume all risks involved in using CAM or other therapies Dr. Ou recommends. As a result of my assumption of these risks, I agree to release, indemnify, and defend Dr. Ou and his or her agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of the adverse reactions to which I have been given notice or which may arise without the negligence of Dr. Ou, or in connection with use of such therapies, or arising out of or in connection with referral to other practitioners for such CAM therapies. I further acknowledge that it is my responsibility to inform my PCP and any Treating Physician(s) and other health care providers concerning the therapies I receive from Dr. Ou so they can determine, within their professional competence, whether any harmful or adverse effects are possible given their treatment of my medical condition.

No Guarantees: I am aware that the practice of medicine is not an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any diagnostic approaches or treatment recommendations that I receive from Dr. Ou.

I HAVE CAREFULLY READ THIS FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. This form will be interpreted under Georgia law, and Georgia will be the forum for any lawsuits filed under or incident to this form. If any portion of this form is held invalid, the rest of the document will continue in full force and effect.

Name of Patient (and of Legal Guardian, if signing for patient)			
Signature of Patient or Legal Guardian			
Street Address			
City, State, Zip			
Landline		Cellphone	
Email			
Date			

Acupuncture Consent

With respect to acupuncture, our conversation includes my awareness of the following:

What is Acupuncture?

Acupuncture involves the stimulation of specific points on the body by inserting thin needles, or in some cases by applying manual pressure, small pulses of electric current to the needles or external heat generated by an herb. Although acupuncture has been used in Asia for thousands of years and in Europe as an authentic therapeutic modality, acceptance by the U.S. medical community has only been slowly developing. While it is still considered complementary or alternative by many, the National Institutes of Health (NIH) has recognized acupuncture as a reasonable clinical option for postoperative pain as well as myofascial pain and lower back pain. NIH has also recognized positive clinical reports for treatment of addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture is used to treat a much wider variety of conditions, though the scientific evidence for its efficacy for your condition may not yet have been established. Medical acupuncture is a form of acupuncture developed for integration with the medical setting based on at least 200 hours of additional training.

What is Traditional Oriental Medicine?

Traditional Oriental Medicine (TOM) is an ancient form of healing art arising from Asian sources which includes the arts of Acupuncture and Herbal Medicine and are distinct from conventional medical care. These are ancient arts and natural healing traditions that view health and wellness as dependent upon a balance of *ch'i* or life force energies. TOM is an ancient method of understanding health and illness by attending the breathing; the flow of *ch'i* energy within meridians, or channels of energy throughout the body; and the impact of stagnation or excessive energy in various organs that can be determined by carefully reading the pulses; tongue diagnosis, smell and other clinical examination techniques that are not generally accepted by Western science but which have served as a primary method of care in China and elsewhere for millenia.

Does Acupuncture Have Risks and Side Effects?

Acupuncture is generally very safe. Serious side effects are rare – less than one per 10,000 treatments.

- Drowsiness occurs after treatment in a small number of patients.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain during treatment occurs in about 1% of treatments.
- Symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.
- Fainting can occur in certain patients, particularly at the first treatment.
- In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Possible risks of acupuncture also include but are not limited to, those related to infection, bleeding, lung puncture, other organ puncture, local bleeding, bruising, burning, pain, swelling, broken needles, and nerve damage including spinal cord trauma. Some patients experience a “healing reaction” in which they feel more ill for a few days as their body readjusts to a new balance of energies. This is generally a positive sign and shows the body is making positive movement. Symptoms may worsen or a period of a flu-like illness with mild fever, chills, dizziness, loss of appetite, or similar symptoms can occur and can signal the body detoxifying. Significant sickness or even death could occur as an extremely remote possibility.

Contraindications for acupuncture include history of bleeding disorder or current anticoagulant therapy, implanted pacemaker or prosthetic valve or pregnancy. It is important to ensure that your acupuncturist understands if these or other significant conditions exist, and you agree not to undergo acupuncture if your practitioner determines treatment is indeed contraindicated. Certain medications or social habits are known to lessen the potential results of acupuncture and these include but are not limited to alcohol, tobacco, steroids, narcotics, recreational drugs. You agree that you will inform your acupuncturist if you are pregnant or could get pregnant during the course of treatment.

Is There Anything Your Acupuncturist Needs to Know?

- If you have ever experienced a seizure, dizziness, or fainting episode
- If you have a pacemaker or any other electrical implants
- If you have a bleeding disorder
- If you are taking anti-coagulants or any other medications
- If you have damaged heart valves or have any other particular risk of infection

I am aware that TOM/acupuncture may mask an underlying condition and could retard a diagnosis for which other therapy may be known to be indicated. I understand that cure of my condition may not occur with acupuncture and a possible worsening of my condition or new conditions could temporarily or permanently result from treatment. I understand that, like in any treatment, there is no guarantee I will receive benefit, and if I do it usually requires a series of treatments.

Certain medications or social habits are known to lessen the potential results of acupuncture and TOM, and these include alcohol, tobacco, steroids, or narcotics. **By signing this form, I am indicating that I do not take any medications other than as previously disclosed to Physician.**

Acupuncturists Use Single-Use, Sterile, Disposable Needles.

Energy Healing Consent

I understand that Physician includes energy healing modalities such as Matrix Energetics, Reiki, Healing Touch, EFT, NES Health, Theragem, and other techniques.

The common ground in all these modalities, whether employing touch, non-touch contact, tapping the body, applying low-level light filters, transmitting information through a hand probe, or another technique, is they all utilize “energy healing.” Energy healing, while controversial in some medical quarters, has a long traditional history across many cultures, and for which there is some evidence that it can have a healing benefit. It is an approach in which the practitioner, either through his or her consciousness or aided by a product, channels life energy for healing benefit. This is intended to affect the balance and flow of energy in a manner that might be thought of as similar to acupuncture, but without needles. The primary premise of energy healing is that the flow and balance of the body’s more subtle energies (or life energies) are important for overall health, and that energy-based methods help in fostering overall well-being. This means of assisting clients focuses on the mind/body interaction between emotions, thoughts and beliefs with biochemistry and behaviors, in a manner that focuses on subtle energies with roots in a cultural and philosophical understanding that, while researched in part from the Western scientific perspective, is not based upon generally accepted models of mind/body medicine grounded in current professional bodies of knowledge within conventional medical circles.

While energy healing is not used for medical decision-making, it can function in a supportive capacity,

particularly where clinical impressions are a matter of judgment, and the intuitive processes in the “art” as well as science of medicine. Sometimes energy healing can create profound states of relaxation, which can ultimately be helpful in reducing pain or otherwise helping the body heal from trauma.

I understand that energy healing is not an exact science and does not have a sufficient base of medical evidence for any practitioner to accurately describe all the potential risks and benefits; nonetheless, I understand that some clients can experience distressing memories or inner experiences as a result. If at any time I experience significant emotional reactions to this work which persist and give rise to anxiety or concern, I will seek appropriate help.

My consent to using energy healing approaches includes specific consent to the use of touch or other contact rendered as part of energy healing modalities such as Matrix Energetics, NES Health, and EFT. In these techniques, the practitioner simply acts as a facilitator, allowing internal shifts to states of relaxation and balance.

I hereby authorize the energy healing consultation and services described above, and certify that I understand the nature of this health care method, including the risks of possible adverse reactions and choices I may have about other approaches. I understand that no recommendations are being made to me to discontinue any treatment being provided by any other health care professional. I have been adequately informed, and questions that I have asked have been adequately answered. I represent that I am seeking assessment and consultation in order to further my own health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and discontinue following the recommendations at any time.

Directions to Bridges to Health

Going Northbound on I-85:

From I-85, take exit 91 (Clairmont Rd) and make a left turn. After you go under the overpass, drive past the stoplight in front of McDonald's and Sam's Club then cross the next stoplight at Century Blvd. Make the next right turn into the office complex that looks like condos with red awnings. Make another right in the parking lot as our office faces Clairmont Rd.

Going Southbound on I-85:

From I-85, take exit 91 (Clairmont Rd) and make a right turn. Drive past the stoplight in front of McDonald's and Sam's Club then cross the next stoplight at Century Blvd. Make the next right turn into the office complex that looks like condos with red awnings. Make another right in the parking lot as our office faces Clairmont Rd.

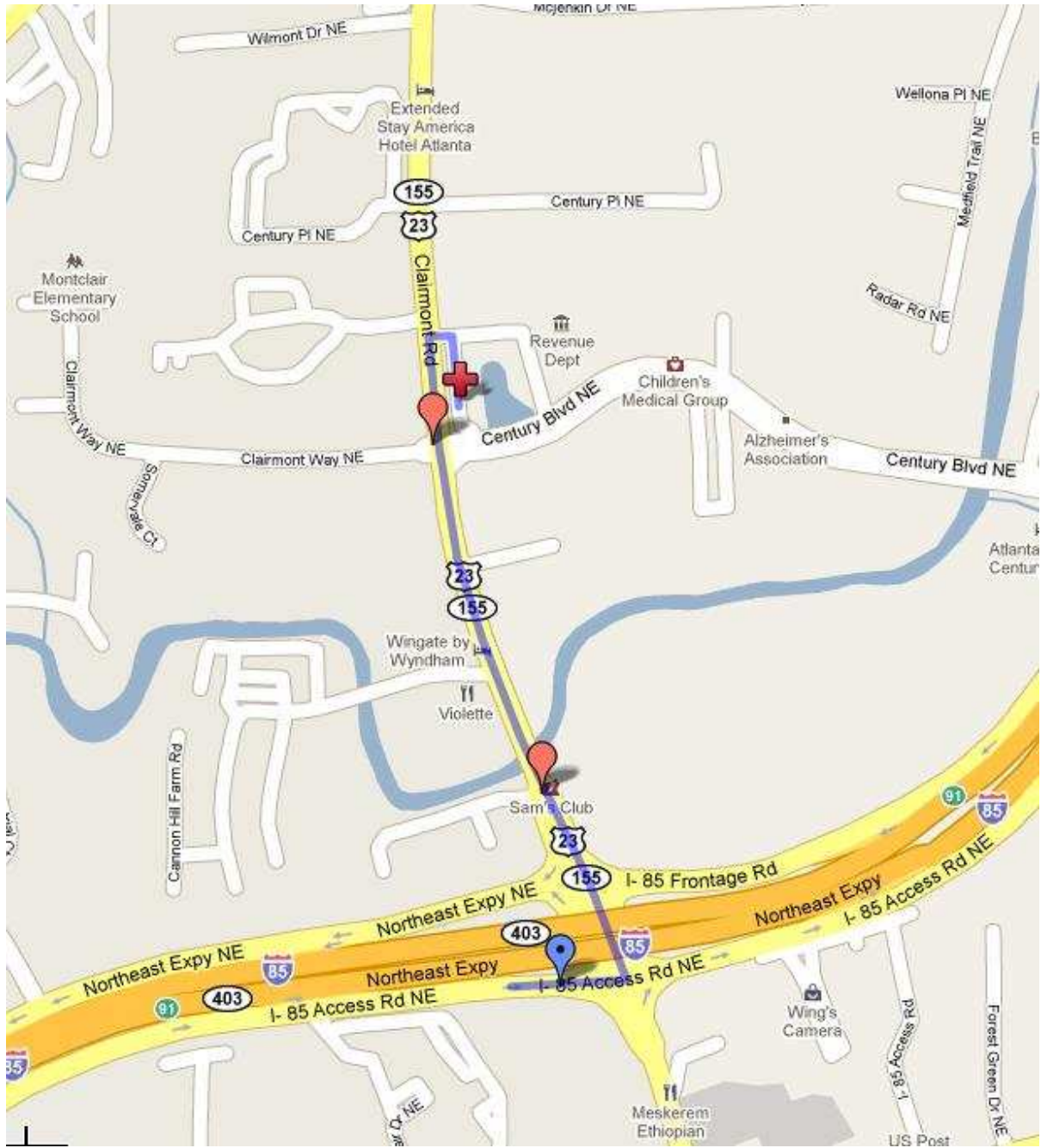
GPS

Note that the directions from GPS systems, Mapquest, etc may give incorrect directions. You may get more accurate results putting in the following "fake" address:

3033 Clairmont Rd (Remember, this is not a real address)
Atlanta, GA

The most accurate online map can be found at <http://maps.google.com> or on our website.

If you do follow your GPS, it will take you onto Century Blvd. After you're on Century Blvd, make the 2nd left into the office complex that look like condos with red awnings. Drive around to the Clairmont Rd. side. It is located between the Department of Revenue (triangular building with mirrored windows) and Clairmont Rd.



Dave Ou, M.D PC 1766 Century Blvd NE Suite B Atlanta, GA 30345 404-418-6010
Email: info@bridgestohealthatl.com Website: <http://www.bridgestohealthatl.com>