MOUTH, HAND, & FOOT WRITING FORM

Name: __________________________ Age: ________ Sex: ________ Weight: ________ Height: ________
Address: __________________________ Date: ________ Time completed: ________ am pm

Phone #: ______________ Cellular Phone #: ______________ Fax #: ______________ E-mail: ______________

Chief Complaint: __________________________ FAX TO DR. OMURA: 212-923-2279

Before Treatment: BP: ________/

Pulse: ________ Resp. Rate: ________ Body Temp: ________

Right Mouth
write R-M
before treatment

Telomere:
Sirtuin 1, longevity gene:
Integrin α3β1 (or Oncogene C-fos Ab2):
8-OH-dG:
Pb; Al; Hg; Cs; Mg; Ca:
Chrysotile Asbestos; (Tremolite A.):
Acetylcholine; Dopamine; Serotonin; GABA:
β-Amyloid (1-42); Tau Protein:
Iodine; L-Homocysteine or CRP; TXB2:
Chlamydia T.; Borrelia B.:
Mycobacterium TB; Helicobacter Pylori; C.A.:
HPV-16, HPV-18, CMV; Herpes Type:
CA19-9; Substance P; α-Fetoprotein:
DHEA; Vit.D3:

after treatment
BDORT Grading:

Left Mouth
write L-M
before treatment

BDORT Grading:

after treatment
BDORT Grading:

Left Hand
write L-H
before treatment

BDORT Grading:

after treatment
BDORT Grading:

Left Foot
write L-F
before treatment

BDORT Grading:

after treatment
BDORT Grading:

Right Hand
write R-H
before treatment

BDORT Grading:

after treatment
BDORT Grading:

Right Foot
write R-F
before treatment

BDORT Grading:

after treatment
BDORT Grading:

After Treatment: BP: ________/
Pulse: ________ Resp. Rate: ________ Body Temp: ________

(All the measurement units used here are BDORT Units)