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HEALTH CENTER

PLEASE PRINT THE FOLLOWING INFORMATION

PATIENT NAME: _____ BIRTHDATE: _____ AGE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE #: _____ SEX: _____

MARITAL STATUS: _____ SSN: _____ DRIVER'S LICENSE #: _____

LANGUAGE: _____ RACE: _____ ETHNICITY: _____

EMAIL ADDRESS: _____

LOCAL PHARMACY ADDRESS: _____

LOCAL PHARMACY PHONE NUMBER: _____

WITH WHOM MAY WE SHARE YOUR MEDICAL RECORDS AND/OR NOTIFY IN CASE OF EMERGENCY?

NAME: _____ RELATION: _____ PHONE: _____

PRIMARY INSURANCE: _____

POLICY#: _____ GROUP#: _____ EFFECTIVE DATE: _____

INSURED NAME: _____ INSURED D.O.B.: _____

SECONDARY INSURANCE: _____

POLICY#: _____ GROUP#: _____ EFFECTIVE DATE: _____

INSURED NAME: _____ INSURED D.O.B.: _____

- 1 AUTHORIZE THE RELEASE OF MEDICAL INFORMATION TO PROCESS INSURANCE CLAIMS.
- I FURTHER AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO "TRICOUNTY PHYSICIANS LLC" IN THE EVENT THAT THEY FILE AN INSURANCE CLAIM.
- 1 UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID IN FULL OR PARTIALLY PAID BY THE INSURANCE CARRIER.
- 1 HAVE RECEIVED NOTICE OF THIS ORGANIZATION'S PRIVACY PRACTICES.

SIGNATURE: _____ DATE, _____ REFERRAL SOURCE: _____

Please list all medications, supplements, and vitamins you are currently taking:

Please list your allergies:

COVID-vaccine (PFIZER / Modrena / J&J)

Date(s) of vaccine: _____

What is your current weight?: _____

Do you have any of the following medical conditions?:

Additional Medical Conditions you want to report?

-High blood pressure: yes / no

-Diabetes: yes / no

-Obesity: yes / no

-Lung disease (asthma, COPD,etc): yes / no

-Kidney disease: yes / no

-High cholesterol: yes / no

-Irregular heart rhythm: yes / no

-Congestive heart failure: yes / no

-Autoimmune disease: yes / no

-Cancer / current cancer treatments: yes / no

Are you currently experiencing any COVID symptoms? yes / no

If so, when did they start? _____

What symptoms are you experiencing?:

Date of positive COVID test: _____

Who else is sick? _____

Please visit the FLCCC for information about Ivermectin as well as prevention and treatment protocols.

<https://covid19criticalcare.com/>

- Prevention protocol: I-Mask+
- Early COVID treatment protocol: I-Mask+

<https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Alliance-I-MASKplus-Protocol-ENGLISH.pdf>

Prevention protocol:

- Vitamin D3 5,000 IU per day
- Vitamin C 500-1,000 mg twice a day
-Start with 500mg, may work your way up to 2,000mg twice a day
- Zinc 30-40 mg per day (elemental zinc)
- Quercetin 250mg twice per day
- Melatonin 5-10mg before bedtime (causes drowsiness)- this is an antioxidant
- Ivermectin: (take with or after a meal)
(Ivermectin dosing for prevention per FLCCC: 0.2 mg/kg per dose — twice a week)

*** You should continue this therapy for as long as the disease risk is elevated in your community***

Post COVID-19 Exposure prevention:

-If you feel as though you have been exposed, if you travel or attend an event with a group of people, take your preventative Ivermectin dose today, then repeat the same dose after 48 hours

If COVID-19 + (positive) INSTRUCTIONS:

Buy a pulse oximeter to monitor your oxygen saturation

Contact our office and start the following:

1) Strongly encouraged to get **Monoclonal antibody IV infusion (called Regeneron)** for Covid treatment. It works best when you receive this ASAP, needs to be within 10 days of onset of symptoms

- Please google "monoclonal antibody treatment for covid near me" (some states have a list of where you can go to receive Regeneron)

2) Start Ivermectin once a day for 5-7 days (or until recovered per the FLCCC)
[This dose should be double your preventative Ivermectin dose]

3) Start full strength Aspirin (325mg) once a day *take with food

(Do not take aspirin if: currently taking blood thinners, are allergic to aspirin, have been told not to take aspirin or ibuprofens)
-If you are currently taking Aspirin 81mg ("baby aspirin"), increase to full-strength until feeling better, then return to your previous dose/regimen.

- 4) Increase Vitamin D3 per day (double your current dose)
- 5) Continue or increase Vitamin C, up to 2,000mg twice a day *take with food
- 6) Increase Zinc to 100mg per day (elemental zinc) *take with food
- 7) Continue (preventative) dose of Quercetin 250mg twice per day
- 8) Continue or increase Melatonin to 10mg once at bedtime (causes drowsiness)
- 9) If you can get supplement NAC (N-Acetyl Cysteine), take 1200mg twice a day until feeling better

Please contact our office if you have tested positive, there are other medications we can prescribe if needed based on your signs, symptoms, co-morbidities, and risk of developing pneumonia or other complications from COVID