



*I N T R O D U C I N G*

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DDS, FAGD, AIAOMT



**Enzyme Therapy Seminar**  
October 11-12 • Houston, TX



# The Trojan Horse of Chronic Disease

## Why Tending Your Oral Microbiome Is the Secret to a Long, Healthy Life



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# Biological, Integrative, Health-Centered Dentistry

- Mercury (Silver) Fillings
- Nickel Restorations (Material Incompatibility)
- Endodontically Treated Teeth (Root Canals)
- Jawbone Osteonecrosis (Cavitations)
- Bacteriology/Focal Infections
- Oral Galvanic Activity
- Protective Protocol
  - Safely removing and replacing materials
  - Protect patient, staff, environment
- Other treatment modalities
  - Ozone Therapy, Serum Compatibility Tests, L-PRF Therapy, Phase Contrast Microscopy, Advanced Digital 3D Imaging, Sleep Medicine, Tooth Meridian Chart



## Mercury Facts

- WHO, UNEP – “No safe level of mercury”, “One of top ten chemicals of major public concern”, “serious health concerns in very small amounts”
- Toxic and dangerous in minute amounts, long-term chronic exposure
- Negative effects on cellular enzymatic activity (detox and methylation pathways), many biological systems (nerological, cardiovascular, endocrine, renal, reproductive, etc) and overall health
- Carcinogen, immunosuppressive, genotoxic, induces oxidative stress
- Synergistic toxicity with other metals



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# Mercury (Silver) Fillings

- Approximate makeup: 50% Mercury (Hg), 25% Silver (Ag), 14% Tin (Sn), 8% Copper (Cu), <3% trace metals
- Not an alloy, is a “solid emulsion,” mercury remains unreacted and recoverable
- Continuously leak mercury vapor for life of filling, exaggerated with heat and friction
  - Inhaled by respiration, absorbed through mucosa, pulp tissue
  - Source of low level, chronic, potential long-term exposure
  - Study: 67 million Americans exceed EPA’s “safe” intake level of Hg from dental fillings
  - -Applying Regulatory Exposure Limits (REL’s) to Amalgam
- Controversy over use in US since mid 1800’s
- Banned from use in Norway, Denmark, and Sweden

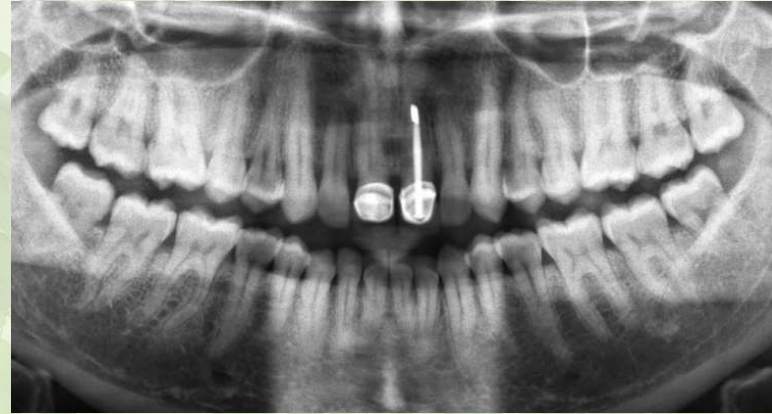
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# Mercury (Silver) Fillings



## Nickel (Ni) Facts

- Carcinogen, allergen, immunosuppressive, genotoxic, contact dermatitis
- Synergistic toxicity with other metals
- Present in stainless steel
- Nickel allergy “most common cause of contact dermatitis”
  - Chronic hypersensitivity, inflammation
  - Modify systemic levels of inflammatory makers?



## Nickel Restorations

- Substructure of many “porcelain” crowns and bridges, orthodontic braces, partial dentures
- ~70% Ni (alloy consists of beryllium (Be), cobalt (Co), chromium (Cr), etc)
- Ni dissipates from dental appliances, absorbed into oral mucosa, vasculature
- Once cemented intra-orally, is permanent, chronic source of Ni exposure
- Contributes to localized oral tissue inflammation and oral galvanic activity
  - Systemic implications

www.mayoclinic.org - Cangul H, et al. Molecular mechanisms of nickel carcinogenesis. *Toxicol Lett.* 2002 Feb 28;127(1-3):69-75. - Haley BE. Mercury toxicity: genetic susceptibility and synergistic effects. *Medical Veritas.* 2005(2):535-542. - Wataha JC, Craig G, Hanks CT. The release of elements of dental casting alloys into cell-culture medium. *J Dent Res.* 1991 Jun;70(6):1014-8.



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# Nickel Restorations



# Endodontically Treated Teeth (Root Canals)

- Performed due to infection, trauma, pulpitis (toothache)
- Pulp tissue (nerves, blood vessels, lymphatic) removed, main canal “cleaned”, replaced with plastic filler
  - No vitality, innervation, immune system, vasculature
  - Becomes a dead tooth
- Controversy since the 1920’s, Weston Price publications
- Due to anatomy of tooth, approx two miles of microscopic tubules, variations of pulp chamber, etc., is impossible to sterilize tooth.
- Avascular teeth become silent incubators for highly toxic microbes
  - Anaerobic bacteria, viruses, fungi present in absence of immune system
  - DNA analysis: 100% of RC teeth tested positive for bacterial contamination



# Endodontically Treated Teeth (Root Canals)

- Study: Anaerobic bacteria produce virulent toxins that have shown in vitro to inhibit cellular enzymatic activity (Kreb's cycle, ATP production)
- Many microbes also linked to arthritis, cardiovascular, renal conditions
- High risk of residual or recurrent peri-apical infection (abscess)
  - Acute and/or chronic infection
  - Study: Activates inflammatory cascade, systemic implications (RANKL, CRP, TNF, IL-6)

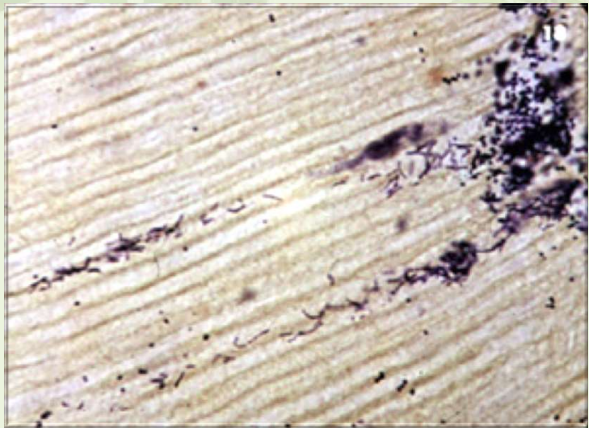
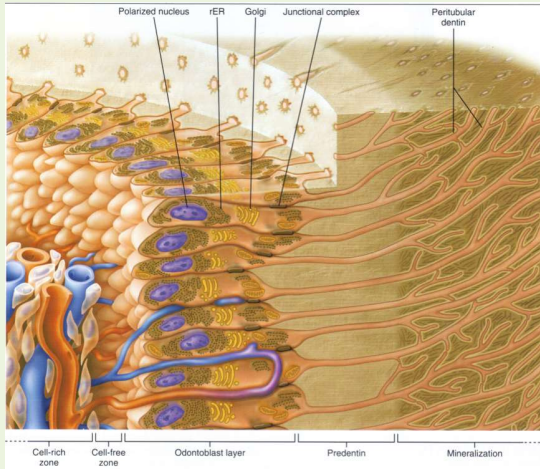
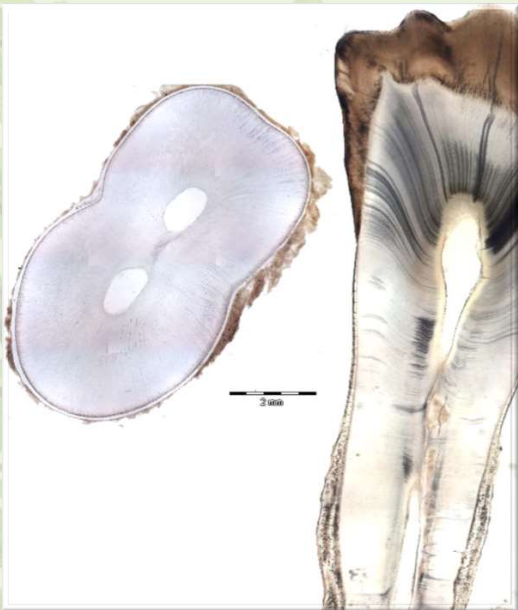
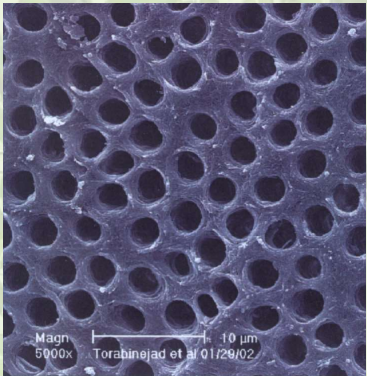
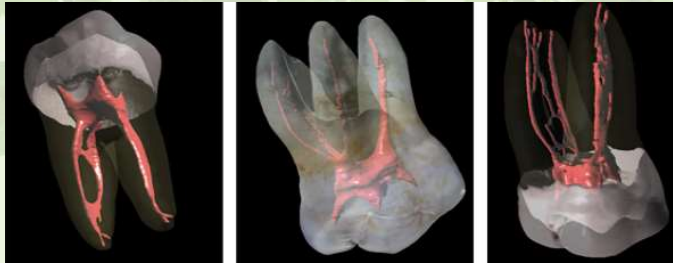
Price WA: Dental Infections Oral and Systemic. Vol 1. Cleveland, OH: Penton Publishing Co. 1923. - Oguntebi BR. Dentine tubule infection and endodontic therapy implications. Int Endod J. 1994 Jul;27(4):218-22. - Chávez de Paz LE, et al. Bacteria recovered from teeth with apical periodontitis after antimicrobial endodontic treatment. Int Endod J. 2003 Jul;36(7):500-8. - Kulacz R, Levy T. The Roots of Disease: Connecting Dentistry and Medicine. Philadelphia, PA: Xlibris Corp. 2002. - Nunnally SM. In Vitro enzymatic inhibition associated with asymptomatic root canal treated teeth: results from a sample of 25 extracted root fragments. Jour Orthomolec Med. 2012(3):27, 112-6 - www.terfinfo.com - Gomes MS, et al. Can apical periodontitis modify systemic levels of inflammatory markers? A systematic review and meta-analysis. J Endod. 2013 Oct;39(10):1205-17.



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# Endodontically Treated Teeth (Root Canals)



# Endodontically Treated Teeth (Root Canals)



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# Jawbone Osteonecrosis (Cavitations)

- 1920's - G.V. Black describes NICO lesion (Neuralgia-Inducing Cavitational Osteonecrosis)
- Necrotic, avascular, intrabony lesions:
  - Sometimes asymptomatic
  - Difficult to diagnose
  - Common at site of previously extracted tooth
- Possible etiology: Incomplete, improper healing after routine extraction
- Recent post-mortem studies show presence of lesions in 80% of previous 3rd molar extraction sites
- DNA testing suggests presence of many virulent microbes
  - Anaerobic bacteria, toxins



# Jawbone Osteonecrosis (Cavitations)

- Specific source of chronic inflammation?
  - Study: High levels of RANTES – inflammatory chemical messenger implicated in many systemic illnesses (arthritis, dermatitis, colitis, MS, Parkinson's, cardiovascular, etc.)
  - Up-regulation of RANTES levels in specific organs, negative biological effects, inflammatory diseases

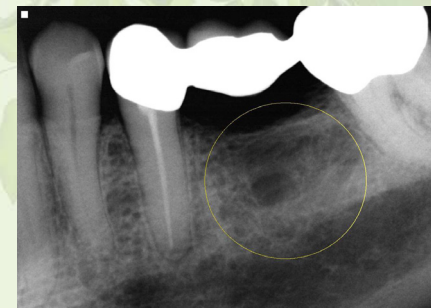
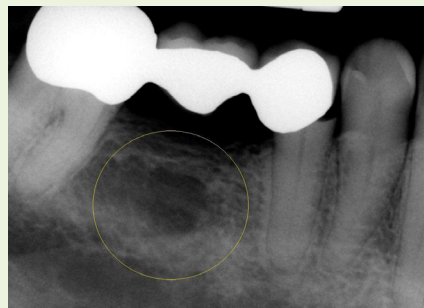
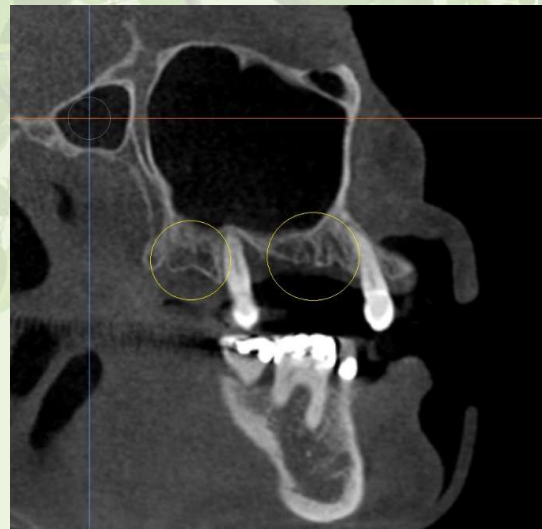
Levy T, Huggins H, Routine dental extractions routinely produce cavitations. Jour Adv Med. 1996(4)9:235-249. - Lechner J. Chronic osteonecrosis of jawbone (NICO): Unknown trigger for systemic disease and a possible new integrative approach? J Altern Med Res 2013;5(3):243-250. - Lechner J, Mayer W. Immune messengers in neuralgia inducing cavitational osteonecrosis (NICO) in jawbone and systemic interference. European Journal of Integrative Medicine. 2010 (2):71-77. - Lechner J, VonBaehr V. Rantes and fibroblast growth factor in jawbone cavitations; Triggers for systemic disease? Int Jour Med. 2013(6):277-290. - Bouquot JE, Roberts, AM, Person P: Neuralgia-inducing Cavitational Osteonecrosis (NICO): Osteomyelitis in 224 jawbone samples from patients with facial neuralgias. Oral Surg Oral Med Oral Pathol 1992(73):307-319.



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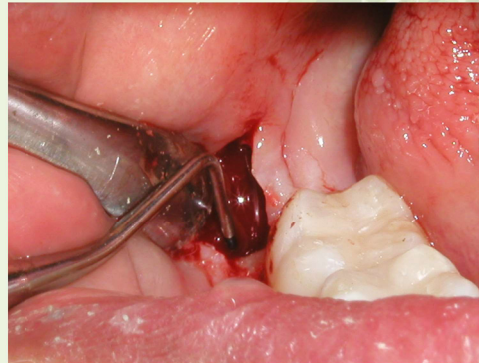
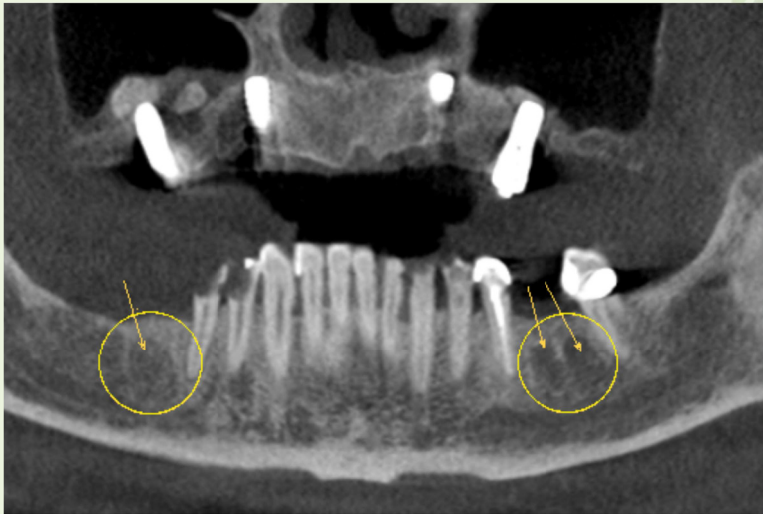
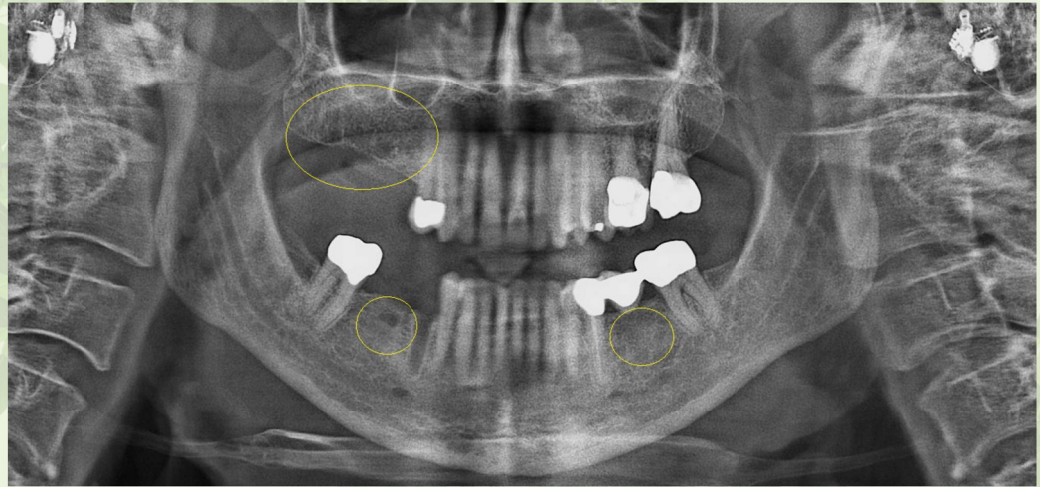


# Jawbone Osteonecrosis (Cavitations)





# Jawbone Osteonecrosis (Cavitations)



# Jawbone Osteonecrosis (Cavitations)



# Bacteriology/Focal Infection

- Infection of the Periodontium (teeth, gums, bone/"upper, upper GI tract"),
- Microbiology of Periodontal Disease
  - Presence of facultative and obligate anaerobes (Treponema, Prevotella, Porphyromonas, Actinomyces, Fusobacterium, Clostridia), Candida, Protzoa
  - Biofilm: gelatinous sugar protein complex
  - Co-infectious?
- Many factors: Organism, environment, host resistance, systemic health



## Bacteriology/Focal Infection

- Established, well documented link between periodontitis and cardiovascular disease, rheumatoid arthritis, diabetes, systemic inflammation
- Pathogenic mechanisms linking oral infection and unfavorable systemic conditions
  - Constant, chronic source of oxidative stress and inflammation
  - Modify systemic levels of inflammatory markers
- Similar considerations associated with acute and chronic apical periodontitis (abscess)

Otomo-Corgel J, et al. State of the science: chronic periodontitis and systemic health. J Evid Based Dent Pract. 2012 Sep;12(3 Suppl):20-8. - Gomes MS, et al. Can apical periodontitis modify systemic levels of inflammatory markers? A systematic review and meta-analysis. J Endod. 2013 Oct;39(10):1205-17. - Dye BA, et al. Serum antibodies to periodontal pathogens and markers of systemic inflammation. J Clin Periodontol. 2005 Dec;32(12):1189-99.



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# Bacteriology/Focal Infection



# Bacteriology/Focal Infection



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# Protective Protocol

- Minimize/eliminate further exposure upon removal of offending materials
- Protect patient, staff, environment



# Medical History

- **History/symptoms:** 51 y/o female, long hx of migraine headaches, heart palpitations, anxiety, recent weight gain, increase in inflammatory markers, perimenopause. "Feels inflamed", decrease in mental acuity, "I'm not thriving"
- **Referred by** integrative physician/colleague; heavy metal body burden, trying to address root cause of symptoms via dietary, environmental and lifestyle modification. Convinced that oral condition and toxicity driving inflammation and contributing to unresolved migraines, CV issues
- **Goals/Expectations:** Reduction in hs-CRP, reduce frequency and intensity of migraines, improvement of palpitations, overall "clinical" improvement in health
- **Medications/supplements:** Citalopram 10mg bid, HRT progesterone 50mg/day, Imitrex PRN, vitamin A, K, D, vitamin B12 sub q, ionic mineral complex
- NKDA, food sensitivities

08:14 PM Patient - 3238 - Shannon Mouser - 3707 Highland View Dr - Austin, TX 78731 - (512) 551-2138 - 2/3/2023

Stanley Dental MEDICAL HISTORY

WELCOME! So that we may provide you with the best possible care, please fully complete this medical history form. All information is completely confidential.

Patient Name: [Redacted]  
Medical Alert: [Redacted]

1. Have you been under the care of a medical doctor during the past two years?  Yes  
If yes, for what? Dr. Wornack - general care  
Physician's Name: Wornack Phone: 512 327 8709

2. Are you taking any medication, drugs, or pills now, including regular dosages of aspirin?  Yes  
If yes, please list: Vit. D 2000 units, Citalopram/celexa 10mg daily, progesterone 2 caps at bedtime 50mg.

3. Are you taking any supplements?  Yes

4. Are you aware of having an allergic (or adverse) reaction to any medication or food?  Yes  
If yes, please list: throat closes when drinking champagne

5. Have you ever smoked or used tobacco products?  Yes NO Packs/Day: \_\_\_\_\_ How Long: \_\_\_\_\_

6. Have you ever been advised to take Antibiotics before dental treatment?  Yes

7. Have you ever taken Bisphosphonate medication for Osteoporosis (Fosamax, Zometa, Boniva, etc.)?  Yes

8. Have you ever taken prescription medications for weight loss (diet pills, Fen-Phen, Redux, etc.)?  Yes

9. Do you have a history of snoring or sleep apnea (CPAP, BiPAP)?  Yes

10. Indicate which of the following you have had, or have at present. Circle "Yes" or "No" to each item.

Heart (Surgery, Disease, Attack)	Yes <input checked="" type="checkbox"/>	Ulcers	Yes <input checked="" type="checkbox"/>	Hepatitis A (infectious) B (chronic)	Yes <input checked="" type="checkbox"/>
Chest Pain	Yes <input checked="" type="checkbox"/>	Duodenitis	Yes <input checked="" type="checkbox"/>	Venereal Disease	Yes <input checked="" type="checkbox"/>
Congenital Heart Disease	Yes <input checked="" type="checkbox"/>	Thyroid Problems	Yes <input checked="" type="checkbox"/>	AIDS	Yes <input checked="" type="checkbox"/>
Heart Murmurs	Yes <input checked="" type="checkbox"/>	Glaucoma	Yes <input checked="" type="checkbox"/>	HIV Positive	Yes <input checked="" type="checkbox"/>
High Blood Pressure	Yes <input checked="" type="checkbox"/>	Contact Lenses	Yes <input checked="" type="checkbox"/>	Cold Sores/Fever Blisters	Yes <input checked="" type="checkbox"/>
Mitral Valve Prolapse	Yes <input checked="" type="checkbox"/>	Erythema	Yes <input checked="" type="checkbox"/>	Blood Transfusion	Yes <input checked="" type="checkbox"/>
Artificial Heart Valve	Yes <input checked="" type="checkbox"/>	Chronic Cough	Yes <input checked="" type="checkbox"/>	Hemophilia	Yes <input checked="" type="checkbox"/>
Heart Pacemaker	Yes <input checked="" type="checkbox"/>	Tuberculosis	Yes <input checked="" type="checkbox"/>	Sickle Cell Disease	Yes <input checked="" type="checkbox"/>
Rheumatic Fever	Yes <input checked="" type="checkbox"/>	Asthma	Yes <input checked="" type="checkbox"/>	Brake Failure	Yes <input checked="" type="checkbox"/>
Arthritis/Rheumatism	Yes <input checked="" type="checkbox"/>	Hay Fever	Yes <input checked="" type="checkbox"/>	Liver Disease	Yes <input checked="" type="checkbox"/>
Corticoid Medication	Yes <input checked="" type="checkbox"/>	Latex Sensitivity	Yes <input checked="" type="checkbox"/>	Yellow Jaundice	Yes <input checked="" type="checkbox"/>
Swollen Ankles	Yes <input checked="" type="checkbox"/>	Allergies or Hives	Yes <input checked="" type="checkbox"/>	Neurological Disorders	Yes <input checked="" type="checkbox"/>
Stroke	Yes <input checked="" type="checkbox"/>	Grain Trouble	Yes <input checked="" type="checkbox"/>	Epilepsy or Seizures	Yes <input checked="" type="checkbox"/>
Diet (Special/Restricted)	Yes <input checked="" type="checkbox"/>	Radiation Therapy	Yes <input checked="" type="checkbox"/>	Fainting or Dizzy Spells	Yes <input checked="" type="checkbox"/>
Artificial Joints (hip, knee, etc.)	Yes <input checked="" type="checkbox"/>	Chemotherapy	Yes <input checked="" type="checkbox"/>	Nervous/Anxious	Yes <input checked="" type="checkbox"/>
Kidney Trouble	Yes <input checked="" type="checkbox"/>	Tumors	Yes <input checked="" type="checkbox"/>	Psychiatric/Psychological Care	Yes <input checked="" type="checkbox"/>

10. Have you lost or gained more than 12 pounds in the past year?  Yes

11. Do you have or have you had any disease, condition, or problem not listed? lost gall bladder this year

12. If yes, please list: \_\_\_\_\_

Women: Are you Pregnant? Yes  Months: NO Nursing? Yes  Taking birth control pills? Yes

HISTORY & REVIEW

Wornack - blood work 1 year ago - 4th hs-CRP - see blood work - is just returned

Migraines 4 to 14 13 y/o - random

Heart Palpitations

Home kidney therapy - by Migraine

in last few years fertility

allergies as a kid

5x hx: cholecystectomy 2 years 1 year

5/5/2017 Page 1 of 1

*Handwritten notes on right side of form:*  
Timeline: 18 years 13  
Specificity  
Migraine  
3 years  
All the procedures  
Cardio, Pulmonary  
RL hand  
inflammation





**THE VAP<sup>®</sup> LIPID PANEL**

Patient: [REDACTED]  
 Account: [REDACTED]  
 Physician: [REDACTED]  
 Fasting: [REDACTED]

Atherotech Panel(s) and Profile(s)	Actual	Alert	Reference Range	Units
<b>VERTICAL LIPOPROTEIN PARTICLE (VLP)</b>				
LDL-P	2643	See Ref. Ranges	Low: <1000 nmol/L Moderate: 1000-1599 nmol/L High: 1400-2200 nmol/L Very High: >2200 nmol/L	nmol/L
<b>CBC with Differential</b>				
White Blood Cell Count	10.21		3.50-11.00	K <sup>+</sup> / $\mu$ L
Red Blood Cell Count	5.46		4.20-5.80	mL/ $\mu$ L
Hemoglobin	14.9		13.0-17.2	g/dL
Hematocrit	44.3		38.0-50.1	%
MCV	81.1		80.0-98.0	fL
MCH	27.3		26.0-34.0	pg
MCHC	33.6		32.0-36.0	g/dL
RDW	14.8		12.0-15.4	%
Platelet Count	398		150-400	K <sup>+</sup> / $\mu$ L
Segmented Neutrophils	70.2		35.0-75.0	%
Lymphocytes	18.3		17.0-43.0	%
Monocytes	8.6		0.0-12.0	%
Eosinophils	1.7		0.0-6.0	%
Basophils	1.2		0.0-2.0	%
<b>COMP. METABOLIC PANEL</b>				
Glucose	94		70-99	mg/dL
Calcium	10.3		8.5-10.6	mg/dL
BUN	21.1		8.4-25.7	mg/dL
Creatinine	0.9		0.7-1.3	mg/dL
<b>BUN/Creatinine Ratio</b>	23	High	12-20	
eGFR	84		$\geq$ 60	mL/min/1.73m <sup>2</sup>
* eGFR calculation is considered to be less reliable for values > 80.				
eGFR (African American)	102		$\geq$ 60	mL/min/1.73m <sup>2</sup>
* eGFR calculation is considered to be less reliable for values > 80.				
Sodium	143		136-145	mmol/L
Potassium	4.5		3.5-5.1	mmol/L
Chloride	103		98-107	mmol/L
Carbon Dioxide	24		22-31	mmol/L
Protein, Total	7.6		6.2-8.3	g/dL
Albumin	3.5		3.4-5.0	g/dL
Bilirubin, Total	0.2		0.2-1.2	mg/dL
AST (SGOT)	17		5-34	U/L
ALT (SGPT)	21		0-55	U/L
Alkaline Phosphatase	104		40-150	U/L
<b>Individual Test(s)</b>	<b>Actual</b>	<b>Alert</b>	<b>Reference Range</b>	<b>Units</b>
HbA1c	6.1	Moderate	<5.6	%
Glucose, Estimated Average (eAG)	128	Moderate	<114	mg/dL
C-Peptide	2.92		0.78-5.19	ng/mL
Magnesium	2.2		1.6-2.6	mg/dL
Uric Acid	5.3		3.5-7.2	mg/dL
C Reactive Protein-hs	9.4	High	<1.0	mg/L
Lp-Pla <sub>2</sub>	201.03	Moderate	<200	ng/mL

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hs-CRP: 9.4, high, ideal range < 1.0  
 Lp-Pla<sub>2</sub>: 201.3, moderate, ideal range <200

**DDI DOCTOR'S DATA**

LAB #: H221122-2076-1 CLIENT #: 27282  
 DOB: 02/12/1949 AGE: 73 Marble Falls, TX 78654 U.S.A.

**Toxic & Essential Elements; Hair**

		TOXIC METALS		PERCENTILE	
	RESULT $\mu$ g/g	REFERENCE INTERVAL	68 <sup>th</sup>	95 <sup>th</sup>	
Aluminum (Al)	9.0	< 8.0			
Arsimony (Sb)	0.088	< 0.066			
Arsenic (As)	0.14	< 0.080			
Barium (Ba)	0.30	< 0.75			
Beryllium (Be)	< 0.01	< 0.020			
Bismuth (Bi)	0.13	< 2.0			
Cadmium (Cd)	0.025	< 0.070			
Lead (Pb)	0.92	< 1.0			
Mercury (Hg)	1.1	< 0.40			
Platinum (Pt)	< 0.003	< 0.005			
Thallium (Tl)	< 0.001	< 0.002			
Therium (Th)	< 0.001	< 0.002			
Uranium (U)	0.010	< 0.050			
Nickel (Ni)	0.13	< 0.20			
Silver (Ag)	0.14	< 0.14			
Tin (Sn)	0.32	< 0.30			
Titanium (Ti)	0.51	< 0.70			

Total Toxic Representation

		ESSENTIAL AND OTHER ELEMENTS		PERCENTILE				
	RESULT $\mu$ g/g	REFERENCE INTERVAL	2 <sup>nd</sup>	16 <sup>th</sup>	50 <sup>th</sup>	84 <sup>th</sup>	97.5 <sup>th</sup>	
Calcium (Ca)	157	160-500						
Magnesium (Mg)	11	12-50						
Sodium (Na)	100	20-200						
Potassium (K)	100	12-140						
Copper (Cu)	11	11-32						
Zinc (Zn)	350	110-190						
Manganese (Mn)	0.28	0.08-0.50						
Chromium (Cr)	0.60	0.40-0.70						
Vanadium (V)	0.079	0.028-0.10						
Molybdenum (Mo)	0.14	0.040-0.090						
Boron (B)	3.6	0.50-3.5						
Iodine (I)	0.48	0.25-1.3						
Lithium (Li)	0.010	0.00-0.020						
Phosphorus (P)	146	150-220						
Selenium (Se)	0.84	0.70-1.1						
Strontium (Sr)	0.21	0.21-2.1						
Sulfur (S)	50900	44000-51000						
Cobalt (Co)	0.009	0.004-0.020						
Iron (Fe)	19	7.0-14						
Germanium (Ge)	0.028	0.020-0.040						
Rubidium (Rb)	0.086	0.008-0.080						
Zirconium (Zr)	0.42	0.060-0.70						

**COMMENTS:**

Date Collected: 10/13/2011 Sample Size: 0.158 g  
 Date Received: 12/8/2011 Sample Type: Bead  
 Date Completed: 12/10/2011 Hair Color: Brown  
 Methodology: ICP/MS Treatment:  
 Shampoo:

ELEMENTS	RATIOS	RANGE
Ca/Mg	14.3	4-30
Ca/P	1.08	0.8-8
Na/K	1	0.5-10
Zn/Cu	31.8	4-20
Zn/Cd	> 999	> 800

DOCTOR'S DATA, INC. • ADDRESS: 3758 Illinois Avenue, BL Charles, IL 60174-2420 • CLIA ID NO: 14C0946470 • MEDICARE PROVIDER NO: 148463

Hair analysis shows high mercury, arsenic, aluminum



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# Dental History

Evaluation of existing dentistry, materials, history of procedures and timeline to determine any correlation with systemic conditions:

- All Hg fillings placed 30+ years ago
- Orthodontic treatment as a teenager, #5, 12, 21, 28 removed prior to tx
- #19 PNP crown with Hg b/u placed ~25 years ago, subsequent pulpal necrosis and symptomatic abscess requiring endo (~20 years ago)
  - Currently mild symptoms with chewing, percussion, slight PA radiolucency
- #2, 14, 15, 18 Hg fillings replaced 10+ years ago with no safety protocol, existing resin composites still functional
- #3, 10, 30, 31 existing Hg fillings
  - Asymptomatic fracture lines, failing margins with secondary caries

08:19 PM Patient - 3238 - Shannon Mouser - 3707 Highland View Dr - Austin, TX 78731 - (512) 551-2138 - 2/3/2023

Stanley Dental DENTAL HISTORY

Medical Alert: [Redacted]

What is the reason for your visit today? Recommended by Dr. [Redacted] Wornack

Date of last Dental Visit: 3/17 Last Dental Cleaning: 3/17 Last Full Mouth X-rays: ?

What was done at your last dental visit? 3/17 - Cleaning

Previous Dentist's Name: Dr. Samuelson  
Address: 3624 N. HILLS DR. AUSTIN, TX State: [Redacted] Zip: 78731  
Telephone: 512-345-2425

How often do you have dental examinations? yearly?  
How often do you brush your teeth? 2x day  
What other dental aids do you use? electric tooth brush  
Do you have any dental problems now? mercury fillings

Are any of your teeth sensitive to:	Yes	No	Do you:	Yes	No
Hot or cold?	Yes	Not	Bite your lips or cheeks regularly?	Yes	Not
Sweets?	Yes	Not	Hold foreign objects with your teeth?	Yes	Not
Sting or Chewing?	Yes	Not	Gum, pins, nails, fingernails?	Yes	Not
Have you noticed any mouth odors or bad tastes?	Yes	Not	Mouth breathe while awake or asleep?	Yes	Not
Do you frequently get cold sores, blisters or any other oral lesions?	Yes	Not	Have you experienced:	Yes	Not
Do your gums bleed or hurt?	Yes	Not	Clenching or grinding your teeth while awake or asleep?	Yes	Not
Have your parents experienced gum disease or tooth loss?	Yes	Not	Tired jaw, especially in the morning?	Yes	Not
Have you noticed any loose teeth or change in your bite?	Yes	Not	Clicking or popping of the jaw?	Yes	Not
Does food tend to become caught in between your teeth?	Yes	Not	Pain (jaw, ear, side of face)?	Yes	Not
If yes, where? front teeth	Yes	Not	Difficulty in opening or closing the mouth?	Yes	Not
Have you ever had:	Yes	No	Headaches, neckaches or shoulder aches?	Yes	No
Orthodontic treatment?	Yes	No	Sore muscles (neck, shoulders)?	Yes	No
Oral surgery?	Yes	No	Are you satisfied with your teeth's appearance?	Yes	No
Periodontal treatment?	Yes	No	Would you like to keep all of your teeth all of your life?	Yes	No
Your teeth ground or the bite adjusted?	Yes	No	Do you feel nervous about having dental treatment?	Yes	No
A long pain or mouth guard?	Yes	No	If so, what is your biggest concern?	Yes	No
A serious injury to the mouth or head?	Yes	No	Have you ever had and awaiting dental examination?	Yes	No
If so, please describe, including quadrants: Wrecked w/ windshield + broke it out	Yes	No	If yes, please describe:	Yes	No
Is there anything else about having dental treatment that you would like us to know? you please describe: L & R PC 20+ years old, all Hg 25+ years old, existing composites 8-10 years old	Yes	No		Yes	No

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# Dental History

- All four 3rd molars removed; #1, 16 as a teenager. 17, 32 ~15 years ago. Lowers were mostly impacted, surgical removal, difficult recovery with “significant” post op pain and swelling, bilateral dry sockets requiring multiple dressings
- Probable signs and symptoms of OSA (all first premolars removed for ortho, constricted palate, scalloped tongue, overweight, attrition, mild sleep disorder not “knowingly” affecting patient)
- No TMJ dysfunction, no disk displacement, symptoms, no known hx of bruxism
- Oral galvanism
- Dental/medical timeline suggest reasonable correlation

08:19 PM Patient - 3238 - Shannon Mouser - 3707 Highland View Dr - Austin, TX 78731 - (512) 551-2138 - 2/3/2023

Stanley Dental DENTAL HISTORY

What is the reason for your visit today? Recommended by Dr. [Signature] Wornach

Date of last Dental Visit 3/17 Last Dental Cleaning 3/17 Last Full Mouth X-rays ?

What was done at your last dental visit? 3/17 - Cleaning

Previous Dentist's Name Dr. Samuelson  
Address 3624 N. HILLS DR. AUSTIN, TX State to 78731  
Telephone 512-345-2425

How often do you have dental examinations? yearly?  
How often do you brush your teeth? 2x day  
What other dental aids do you use? electric tooth brush  
Do you have any dental problems now? mercury fillings

Are any of your teeth sensitive to:  
HOT or COOL? Yes  No   
Sweets? Yes  No   
Sipping or Chewing? Yes  No   
Have you noticed any mouth odors or bad tastes? Yes  No   
Do you frequently get cold sores, blisters or any other oral lesions? Yes  No   
Do your gums bleed or hurt? Yes  No   
Have your parents experienced gum disease or tooth loss? Yes  No   
Have you noticed any loose teeth or change in your bite? Yes  No   
Does food tend to become caught in between your teeth? Yes  No   
If yes, where? front teeth

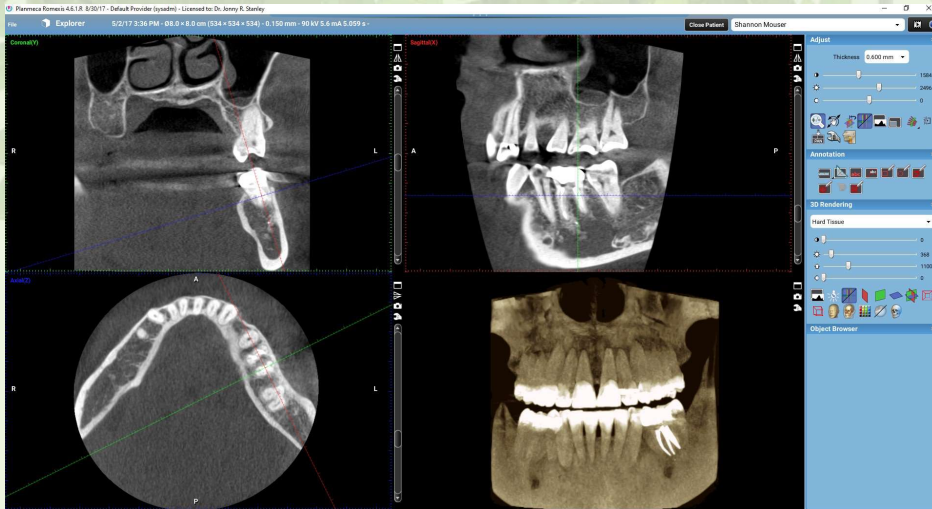
Have you ever had:  
Orthodontic treatment? Yes  No   
Oral surgery? Yes  No   
Periodontal treatment? Yes  No   
Your teeth ground or the bite adjusted? Yes  No   
A long plate or mouth guard? Yes  No   
A serious injury to the mouth or head? Yes  No   
If so, please describe, including quadrants: Wreck mit windshield + broke it out

Are you satisfied with your teeth's appearance? Yes  No   
Would you like to keep all of your teeth all of your life? Yes  No   
Do you feel nervous about having dental treatment? Yes  No   
If so, what is your biggest concern? Pain  
Have you ever had and quitting dental experience? Yes  No   
If yes, please describe: all the 25+ years old existing

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# Clinical Pre-Op Radiographs



# Clinical Pre-Op Records

Date	Prov #	Code	Description	Tooth	Surface	Status	Amount	Show	Appt
2/3/2023	002	D2333	RESIN-BASED COMPOSITE...	31	BOL	Proposed	325.00	X	
11/2/2022	002	D9243	IV Sed 15 min. increment			Completed	45.00	X	
11/2/2022	002	D9243	IV Sed 15 min. increment			Completed	45.00	X	
11/2/2022	002	D9243	IV Sed 15 min. increment			Completed	45.00	X	
11/2/2022	002	D9243	IV Sed 15 min. increment			Completed	45.00	X	
11/2/2022	002	D9243	IV Sed 15 min. increment			Completed	45.00	X	

Clinical Charting & Proposed Treatment

Perio Exam (2/3/2023) for - Shannon Mouser (3238)

Perio	Comparison	Perio Graph	Comparison Graph
MOB			
PD	3 1 3	3 2 2	3 2 3
GM			
CAL			
MGJ			
FG			
PD	3 2 3	2 2 3	3 2 3
GM			
CAL			
MGJ			

Process: B for all teeth, then L

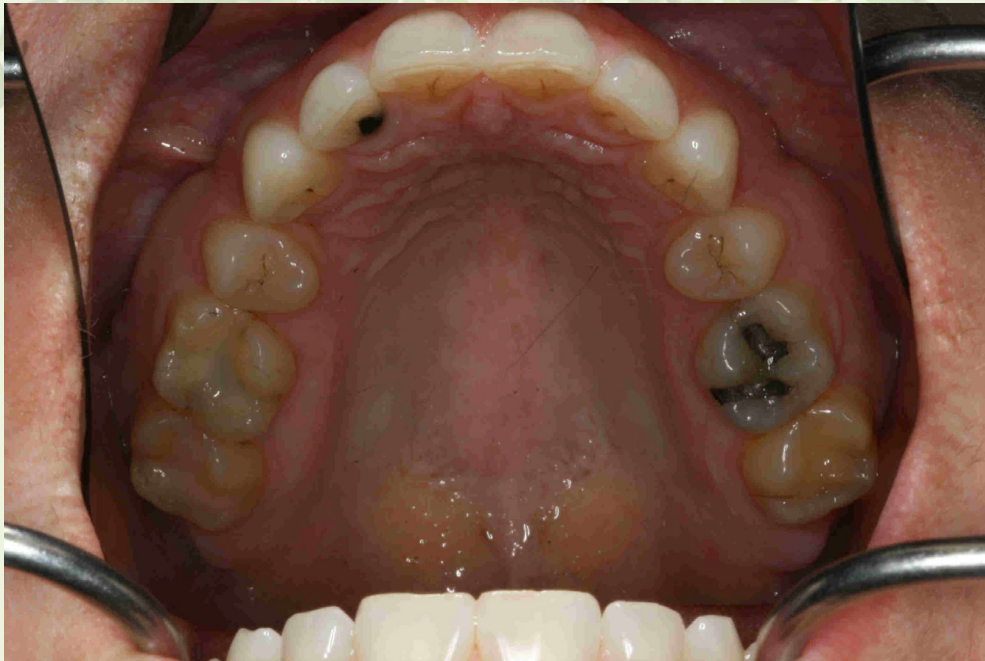
Periodontal Charting  
pH: 6.8  
Microbial Slide: Level 3/4



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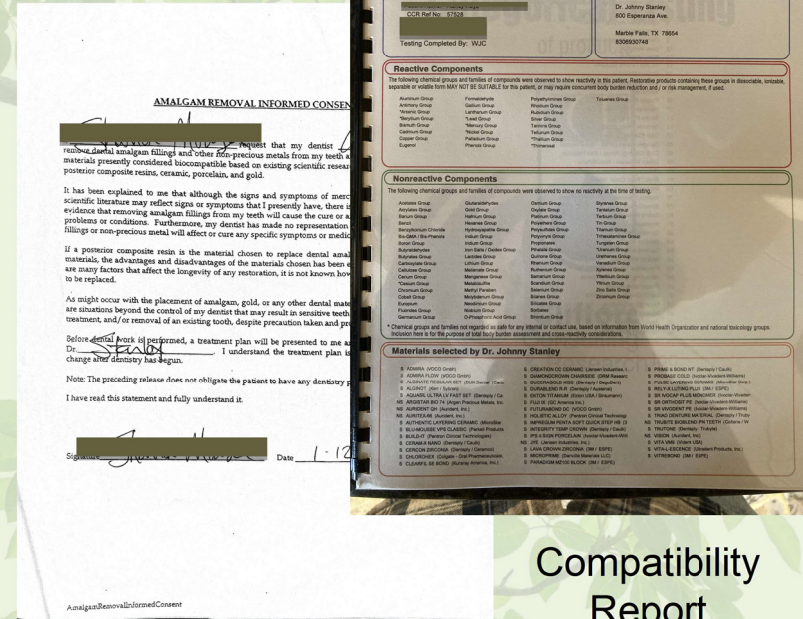


# Clinical Pre-Op Photos



# Proposed Treatment

- Safe removal and replacement of Hg fillings #3, 10, 30, 31 following SMART protocols
- Replacement with biocompatible resin composites per report
- Extraction of endodontically treated #19 and PNP crown/Hg build up\*\*
- Safe removal of existing materials, atraumatic extraction, debridement of PDL and granulation tissue, ozone irrigation/insufflation, platelet-rich fibrin
- Surgical treatment of NICO lesions (#1, 16, 17, 32 sites)
- Physical debridement, ozone irrigation/insufflation, platelet-rich fibrin
- IV conscious sedation: Midazolam, Fentanyl
- IV Vitamin C infusion (50 grams/1000 mL Lactated Ringers) during procedure and post-op following day (25 grams/500 ml LR)
- Pre and Post-Op nutritional and biological support (see later slide)



Amalgam Removal Consent

Compatibility Report



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# SMART Protocol

## Patient Protection

- Full body, head, neck, face barrier
- Non-latex rubber dam
- Isolated O2 delivery via full coverage nasal hood
- Dual suction at site, aerosol vacuum e/o
- Negative ion generator

## Provider Protection

- Full body gowns, head coverings
- Face shield
- Hg rated respiratory masks
- Nitrile gloves



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# SMART Protocol

## Patient Protection

- Full body, head, neck, face barrier
- Non-latex rubber dam
- Isolated O2 delivery via full coverage nasal hood
- Dual suction at site, high volume, saliva ejector behind rubber dam
- Aerosol vacuum
- Negative ion generator



# SMART Protocol

- Pre/post treatment charcoal rinse
- Negative ion generator
- Amalgam separator



# Clinical Intra-Op Photos



Pre-Op  
Isolation



Immediate Hg  
removal, primary  
decay removed



Post selective  
etch, ozone  
air/water  
Sectional matrix  
in place



Primer/bond,  
flowable  
liner/immediate  
dentin sealing



Post  
placement,  
initial  
adjustment,  
pre-polish



# Clinical Intra-Op Photos



Pre-Op  
Isolation



Immediate Hg  
removal,  
primary decay  
removed



Post selective  
etch, ozone  
air/water

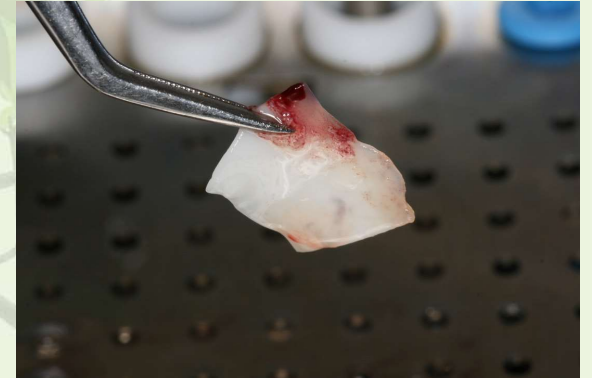


Primer/bond,  
flowable  
liner/immediat  
e dentin  
sealing

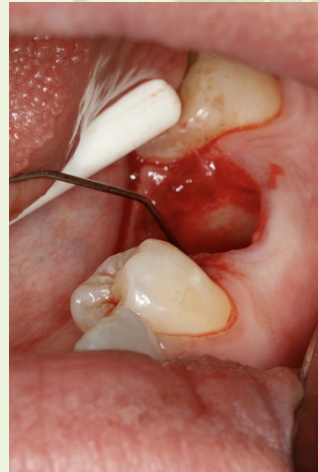
Post  
placement,  
initial  
adjustment,  
pre-polish



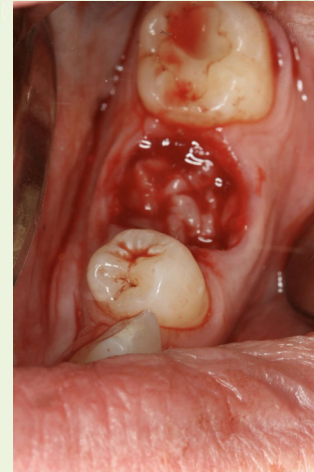
# Clinical Intra-Op Photos



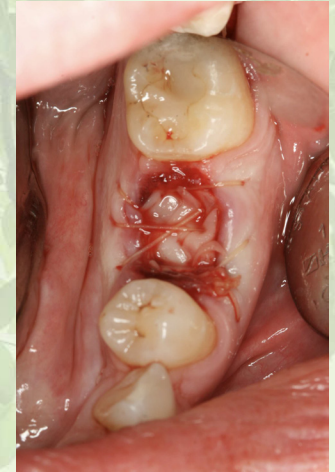
Debridement of PDL w/  
low RPM carbide burr



Low gamma ozone  
gas insufflation



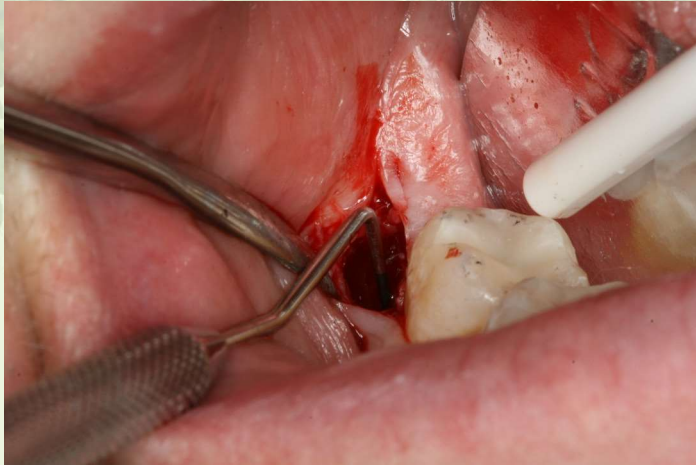
Placement of PRF  
aggregates



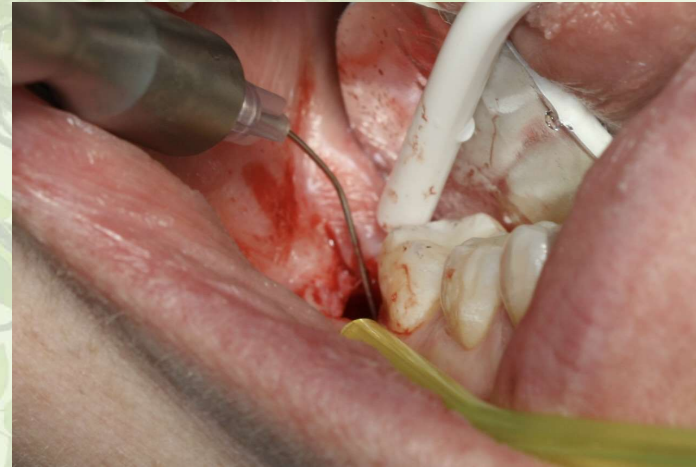
Placement of PRF  
membrane, secure w/ suture



# Clinical Intra-Op Photos



Access  
cavitation via  
cortical plate,  
measurement,  
debridement,  
retrieval of root  
tip and debris



Irrigation with  
ozone water,  
low gamma  
ozone  
insufflation



Placement of  
PRF  
aggregates

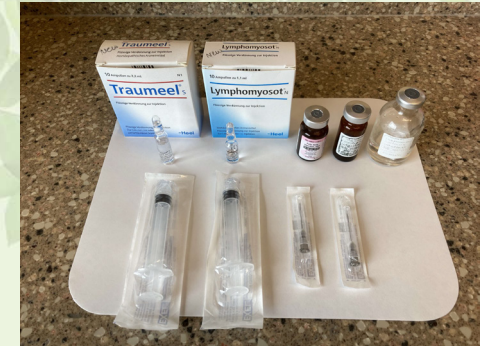


Primary closure  
Prolotherapy  
injections,  
sulcular ozone  
injections



# Pre/Post Nutritional and Biological Support

- Pre and post-op body work
- Trager/autonomic therapy, lymphatic work, acupressure (in office)
- Detoxification support
- ALA, NAC, GSH, dietary, liver/kidney support
- Enzyme support
- Nattokinase, RepairZyme, Protease
- Vitamin/Mineral support
- Vit K, A, D, C, magnesium, boron, selenium, etc
- Prolotherapy Injections
- Procaine, folic acid, Traumeel, Lymphomyosot, ozone
- Hyperbaric oxygen therapy, ozone sauna, other oxidative therapies
- Vitamin C IV infusion
- Biomodulator
- Biomat t/o procedure





## SURGERY (PRE/POST OP)

Surgery can be defined as physical disruption of the tissue. This protocol has been used for plastic or reconstructive surgery, orthopedic surgeries, and as a post-op protocol for emergency or otherwise unplanned surgeries.

The objective of **Pre-op Patient Preparation** is to remove or attenuate the negative effects of oxidized proteins and immune complexes in the body and also to ensure cellular vitality through nutrient acquisition.\*

- A digestive enzyme formula specific with meals will ensure proper digestion and nutrient acquisition to supply the body with the nutrients needed for healthy cells.\*
- A protease formula between meals will help promote optimal blood flow and efficient detoxification as well as help manage inflammation and oxidation.\*
- A probiotic supplement further supports digestion and the immune system while maintaining a healthy gut environment and timely removal of waste.\*

**Pre-op Patient Preparation** (start at least 2 weeks before surgery; stop 2-3 days before surgery)

TPP DIGEST	1 cap	with every meal or snack
TPP PROTEASE	2 caps	3 x day between meals
TPP PROBIOTIC	1 cap	at bedtime

Transformation™ offers several formulas for the "sensitive" patient. If needed, you may substitute:

DIGESTZYME	3 caps	with every meal or snack
PUREZYME	2 caps	3 x day between meals
PLANTADOPHILUS	3 caps	at bedtime

Questions? 1-800-777-1474  
email [moreinfo@tecenzymes.com](mailto:moreinfo@tecenzymes.com)  
www.transformationenzymes.com



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\*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



## SURGERY (PRE/POST OP)

The objective of a **Post-op Protocol** is to hydrolyze necrotic tissue, regulate tissue growth factors, help in oxygenation after initial hypoxia of injured tissues, remove proteins accumulated in the edema or hematoma, resolve the swelling, participate in collagen/connective tissue remodeling, reduce the tension on the suture line, and help control the overall healing process.\*

**Post-Op Protocol** (resume the preceding protocol and add the following products as soon as possible)

REPAIRZYME	2 caps	4-5 x day between meals
------------	--------	-------------------------

- Since surgery disrupts tissue, a formula designed for tissue repair can be beneficial to expedite the healing process. This product provides the necessary building blocks for healthy growth of muscle, skeletal structure, and tissue.\*

TPP PROTEASE IFC	4 caps	4-5 x day between meals
------------------	--------	-------------------------

- Pain, swelling, and inflammation are normal following surgery but can sometimes make post-operative recovery more intense. This is a unique formulation of highly active proteolytic enzymes and antioxidants is designed to help regulate inflammation anywhere on or in the body.\*

SUPER CELLZME	2 caps	daily
---------------	--------	-------

- Poor nutritional status can delay healing after any surgical procedure. For those who have trouble getting all the necessary vitamins, minerals, and antioxidants through a well balanced diet, this product makes an excellent alternative for a non-synthetic multivitamin.\* This whole food vitamin and mineral supplement is formulated with enzymes to facilitate in the absorption of vital elements the body needs to heal.\*

TPP EFA 1200MG	1 gelcap	1 x day with food
----------------	----------	-------------------

- Essential fatty acids support inflammation and promote enhanced complexion and glowing skin by improving the skin's texture and softness. These EFA's also help to keep skin cells moist and strong by reducing the amount of water lost through the epidermis.\*

Questions? 1-800-777-1474  
email [moreinfo@tecenzymes.com](mailto:moreinfo@tecenzymes.com)  
www.transformationenzymes.com



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\*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



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# REPAIRZYME

Transformation's enzyme-delivered nutritional formula for skin and tissue repair

Provides necessary building blocks for healthy growth and repair of muscle, skeletal structure, tissue, and skin with ingredients selected from nutrient-dense whole food sources that naturally supply phytochemicals and rebuilding nutrients.

## Product Highlights

- Enzymes for enhanced utilization of ingredients
- Nutrient-rich vegetables, fruit, and herbs to increase cell turnover, brighten skin, and reduce inflammation
- Mojave yucca and butcher's broom provide anti-inflammatory and antioxidant benefits
- Mineral blend to reduce inflammation, support tissue repair, skin elasticity, and wrinkle reduction

SUPPLEMENT FACTS		
Serving Size 1 Capsule		
Amount Per Serving	% Daily Value	
<b>Enzyme Proprietary Blend</b>		
Amylase	7 mg	†
Protease	560 DU	†
Protease	1,740 HUT	†
Cellulase	280 CB	†
Lipase	140 FIP	†
Broccoli (flowering head)	95 mg	†
Carrot (root)	95 mg	†
Spinach Leaf	95 mg	†
Mojave yucca (root)	55 mg	†
Grape Seed Extract	50 mg	†
Butcher's Broom (herb)	36 mg	†
Rose Hips (fruit) extract	9 mg	†
Proprietary Kelp and Mineral Blend	5.8 mg	†
<small>(Kelp, Calcium ascorbate, Magnesium citrate, Zinc gluconate, Manganese gluconate)</small>		
† Daily Value not established		
<small>Other Ingredients: Vegetable Capsule (Hydroxypropylmethylcellulose, Water)</small>		

## Clinical Applications

- For any condition in which tissue repair is needed
- Post Surgery
- Skeletal and muscular injury recovery
- Muscle strain from exercise or sports
- Skin repair
- Skin health
- Inflammatory support

*In general, herbal formulas are not recommended during pregnancy and lactation or for children 12 years or younger. Each case should be assessed on an individual basis and the practitioner, along with the patient, may use their professional judgment and decide to use it.*

## For Your Information

- Concise, well tolerated, enzyme-delivered formula of nutrient-dense foods to provide various nutrients and antioxidants that support collagen production for healthy skin and tissue
- Works great in combination with Protease IFC

## Dosage

- Maintenance: 2 capsules daily
- Therapeutic: 2 capsules 2-3 x day
- Acute injury: 3 capsules 3-4 x day

**⚠ WARNING:** Lead - Cancer and Reproductive Harm - [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)

*This product has been identified as containing naturally-occurring lead that exceeds California Proposition 65 lead levels when dosing more than one capsule per day.*



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# PROTEASE IFC

Transformation's antioxidant and enzyme product for inflammatory control

This unique formulation of highly active proteolytic enzymes and antioxidants is designed to help regulate inflammation anywhere on or in the body. This product is ideal for muscle aches, pains, injuries, and stiff joints as well as to promote cardiac health and is applicable for any other inflammatory conditions.

## Product Highlights

- Antioxidants (A, C, E, Se, Zn) plus antioxidant blend to combat damage from oxidative stress, modulate the immune system, and reduce inflammation
- Over 300,00 HUT of protease activity emphasizing bromelain and papain for inflammation
- Rutin, Quercetin, Turmeric, and Hesperidin are well known for their anti-inflammatory properties

SUPPLEMENT FACTS	
Serving Size 1 Capsule	
Amount Per Serving	% Daily Value
Vitamin A (100% as beta carotene)	2,370 mcg (7,900 IU) 263%
Vitamin C (as magnesium ascorbate)	9 mg 10%
Vitamin E (as d-alpha-tocopheryl succinate)	1.3 mg (2 IU) 9%
Zinc (as zinc citrate)	0.5 mg 5%
Selenium (as selenium citrate)	16 mcg 29%
Tzyme <sup>®</sup> Protease Blend (acid, neutral, alkaline, exo/endo proteases; bromelain, papain) (2,800,000 FCCPU + 65,400 HUT)	209 mg †
Tzyme <sup>®</sup> AntiOx Blends (Kelp, Irish moss, Rutin, Grape seed extract, Quercetin, Alpha-lipoic acid, Citrus bioflavonoid complex, Rose hips (fruit), Hesperidin complex, Turmeric (root), Asian ginseng (root), Eleuthera (root), Ginkgo biloba leaf extract, L-theanine, CoQ10, Ginkgo biloba leaf, Green tea extract, Catalase, Flaxseed, Lactin, SOD)	253 mg †
† Daily Value not established	
Other Ingredients: Vegetable Capsule (Hydromellose, Water), Calcium Citrate	

## For Your Information

- This formula is applicable to everyone, as inflammation is a common denominator in nearly all illnesses and disease
- This product is very well tolerated
- Beta carotene (Vitamin A) toxicity is rare – research suggests caution with long-term intake greater than 10 times of the RDA
- Reduced recovery time (post-surgery and post-injury) when combining Protease IFC with RepairZyme in equal amounts
- We advise discontinue taking Protease IFC 24-48 hours prior to surgery and resume 24 hours post-surgery

## Dosage

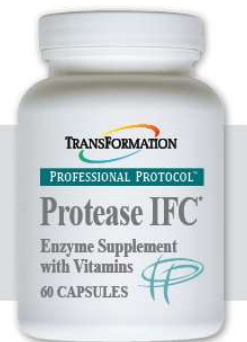
- Maintenance dose: 1 capsule 3 x day on an empty stomach in conjunction with the basic protocol
- Chronic inflammation: 3 capsules 3 x day
- Acute injury: 3-5 capsules 4-5 x day

*This product has been identified as containing naturally-occurring lead that exceeds California Proposition 65 lead levels when dosing more than two capsules per day.*

## Clinical Applications

- Prevention, wellness, and anti-aging
- Auto-immune disorders
- Sore muscles after exercise or sports activities
- Recovery post-surgery and post-injury
- Cardiovascular health
- Skin disorders (eczema, psoriasis, rosacea)
- Inflammatory bowel disorders

*In general, herbal formulas are not recommended during pregnancy and lactation or for children 12 years or younger. Each case should be assessed on an individual basis and the practitioner, along with the patient, may use their professional judgment and decide to use it.*



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# SUPER CELLZYME

Transformation's all natural whole food supplement

This whole food vitamin and mineral supplement blends various vegetables and botanicals for an extra source of real whole food nutrition with enzymes to facilitate the absorption of these nutrients.

## Product Highlights

- Food source vitamins and minerals, not a "mega dose"
- Wheat germ is one of the most nutrient-dense food sources available\*\*
- Enzymes for enhanced utilization of ingredients

SUPPLEMENT FACTS		
Serving Size 2 Capsules		
Amount Per Serving	% Daily Value	
Vitamin C	33 mg	33%
Broccoli (aerial part)	200 mg	†
Carrot (root)	200 mg	†
Spinach Leaf	200 mg	†
Barley Grass	100 mg	†
Green Pepper (fruit)	100 mg	†
Garlic (bulb)	100 mg	†
Acerola (fruit)	100 mg	†
Wheat Germ	60 mg	†
Bamboo whole plant extract	50 mg	†
Kelp	40 mg	†
Chlorella Algae	40 mg	†
Blue Green Algae	40 mg	†
Tryme™ Enzyme Blend (Pectinase, Benicellulase, Beta-glucanase, Phytase, Amylase, Cellulase, Ginnomylase, Pectinase, Lipase)	39 mg	†
Rice Bran (fruit) extract	39 mg	†
Flax Seed	20 mg	†

† Daily Value not established.  
Other Ingredients: Vegetable Capsule (Hydroxypropylmethylcellulose, Water), Rice Flour

## For Your Information

- This is a "whole food" product where the food sources contain various vitamin and mineral complexes within themselves, and there is no way to determine exact milligram amounts of each. If specific nutrient needs are known, then a product that provides those specific nutrients should be used. However, whole foods are believed to be a much better source of nutrients than synthetic forms of vitamins and minerals, which means that the benefits you are hoping to experience may be maximized when you choose a vitamin with whole food ingredients.
- Wheat "germ" does not have to do with bacteria, but refers to the complex process of germination that forms the wheat grass. The germ itself does not contain gliadin, the harmful protein linked to gluten intolerance.

## Clinical Applications

- Poor diet, limited diet
- Malnutrition
- Low energy
- Stressful lifestyle

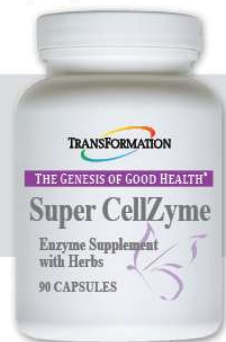
\*\*Wheat germ contains 23 nutrients, with more nutrients per ounce than any other vegetable or grain. It is very high in protein and contains more potassium and iron than any other food source. Also found in great quantities are riboflavin, calcium, zinc, magnesium, and vitamins A, B1, B3, and B12, which are very important to maintaining energy levels and healthy muscles, organs, hair, and skin.

## Dosage

- Maintenance: 3 capsules once daily with at least 8 oz. of water
- Therapeutic: 6 capsules daily
- It makes no difference whether taken with or between meals

⚠ **WARNING:** Lead - Cancer and Reproductive Harm - [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)

This product has been identified as containing naturally-occurring lead that exceeds California Proposition 65 lead levels when dosing more than one capsule per day.



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## PHASE 1

Instructions, pill box, bracelet, and the first 21-day supply of supplements to get started.

## PHASE 2

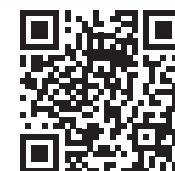
Additional recipes and "TPP" instructions for the next 21-day supply of supplements.

## PHASE 3

Additional recipes and the final 21-day supply of supplements to complete your *Thrive* Program.




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# Post-Op Clinical Improvement

- Patient reported a noticeable decrease in frequency and intensity of migraine headaches
  - d/c Immetrex
- Decreased inflammation
  - hs-CRP dropped from 9.4 to 2.1
  - Slight reduction in Lp-Pla2
- Oral galvanism
  - Immediate improvement in metallic taste
  - Localized chronic gingival inflammation adjacent to #19 gone
- Dental symptoms associated with #19 gone



**Dental DNA**  
5082 List Drive  
Colorado Springs, CO 80919  
Tel: 719-219-2826  
Fax: 719-548-8220  
TIN: 84-1413291  
CLIA#: 06D2019763

Lab Director: Christopher W Shade, Ph.D, NRCC-EAC  
Lab Manager: Robert C Wheeler, BS, MS

PATIENT: [REDACTED]  
DOCTOR: [REDACTED]  
Sample Coll: [REDACTED]  
Sample Type: Cavitation #17

These bacteria were detected in the sample that was submitted for testing:

1. Actinomyces odontolyticus
2. Campylobacter showae
3. Campylobacter gracilis
4. Capnocytophaga ochracea
5. Enterobacter gergoviae
6. Escherichia coli
7. Eubacterium nodatum
8. Gemella morbillorum (active/faint)
9. Klebsiella pneumoniae
10. Granulicatella adiacens (active/faint)
11. Ochrobactrum anthropi
12. Mobiluncus curtisii
13. Mobiluncus mulieris
14. Prevotella melaninogenia (bright)
15. Parvimonas micra (active/bright)
16. Pseudomonas aeruginosa
17. Salmonella typhi
18. Selenomonas noxia
19. Blastomyces dermatitidis chitin synthase
20. Stenotrophomonas maltophilia
21. Treponema socranskii
22. Porphyromonas endodontalis



## Helpful Resources

- International Academy of Oral Medicine and Toxicology ([www.iaomt.org](http://www.iaomt.org))
  - Scientific reviews
  - Published research
  - Educational Videos
- PubMed ([www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed))
- Weston A. Price Foundation ([www.westonaprice.org](http://www.westonaprice.org))
- Consumers for Dental Choice ([www.toxicteeth.org](http://www.toxicteeth.org))
- Huggins Applied Healing ([www.hugginsappliedhealing.com](http://www.hugginsappliedhealing.com))
- Dr. Joseph Mercola, MD ([www.mercola.com](http://www.mercola.com))

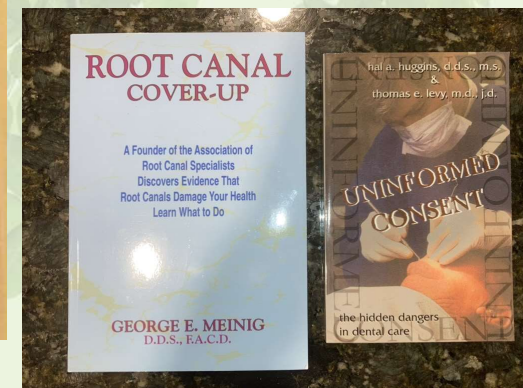
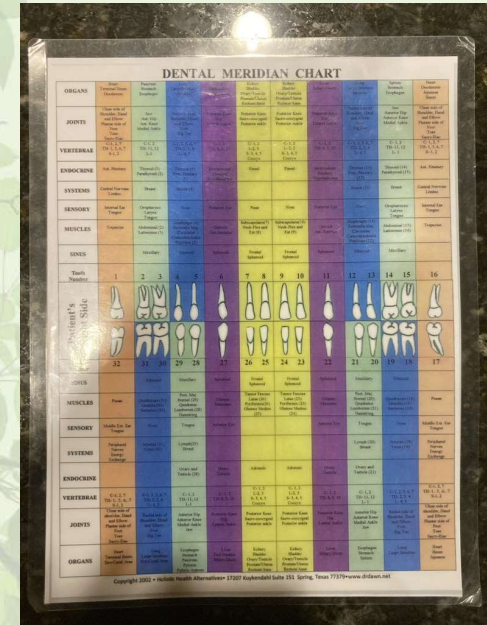


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# Patient Resources

- Access to in-office library, documents
  - Uninformed Consent
- IAOMT website, position papers and protocols
- Meridian chart
- Communication w/ referring physician
  - DNA report (correlation with chronic infection diseases (Lyme's, EBV, parasitic, etc.)
  - Report of offending materials, reports/labs run I/O



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