

Dr Michael Rosenbaum

Dr Rosenbaum Report

Michael E. Rosenbaum M.D.

300 Tamal Plaza, suite 120

Corte Madera, CA 94925

415 927-9450

FAX: 415 927-2596

May 28, 2003

Re: **Douglas Copp** DOB: August 3, 1951

Medical Status Report:

Douglas Copp is a 51 year old Caucasian male who first consulted me on February 14, 2003 complaining of a constellation of symptoms that commenced after he participated in a rescue operation at the site of the terrorist attack on the World Trade Center in New York City in September, 2001.

Mr. Copp is the founder and has been the Director of American Rescue Team International since 1985. In that capacity, he has participated in hundreds of dramatic rescue operations all over the World. In spite of the dangers to which he was frequently exposed in his work since 1985, Mr. Copp had no medical complaints and was highly functional just prior to the September eleventh attacks. He was summoned to 'ground zero' on September 12, 2001 and spent the next five days wending his way with five coworkers through six stories of subterranean rubble underneath the collapsed buildings. He did this while fires were still raging above. By his account no-one else was willing or able to perform the subterranean rescue operation at that time. He often worked in the dark with very poor ventilation. He was exposed to a panoply of chemical fumes emanating from the incomplete combustion of tons of electronic equipment, building materials, heating fuels, fixtures and furniture that comprised the two 105 story buildings. These included plastics, vinyl, burning metals and voluminous quantities of soot which were superheated. The chemicals were capable of being inhaled, swallowed or assimilated through the skin. He claimed that he was not provided a protective mask. The subterranean area was flooded and he states, replete with mold and fungus from the damp, dark conditions and from the disintegration of the ducts in the infrastructure of the building.

On September 15 he developed respiratory complaints consisting of shortness of breath, tightness in his chest and a persistent cough. These symptoms persisted after his work at the site ended on September 18, 2001. He notes that he developed a worsening of his dyspnea while back at his residence in New Mexico on September 27.

While working at the site, he had slipped and fell several feet in the dark damaging several lumbar vertebrae with resultant low back pain and parasthesias of the left lower extremity.

He complains of persistent subsequent exhaustion and states that he cannot walk more than forty feet on level ground without needing to stop and rest. He has continual malaise.

His ongoing symptom complex includes:

Allergies and hypersensitivities – chronic sinus congestion, chemical hypersensitivities to even low level chemical exposures.

Ophthalmic – Chronic, severe dry eyes and blurred vision. Possible glaucoma.

Gastrointestinal – Reflux disorder, abdominal bloating.

Genitourinary – polyuria

Mental Status - Often disoriented with intermittent severe impairment of short-term memory and mental tracking ability.
Irritability

Cardiovascular – New onset of hypertension.

Miscellaneous – Fluid retention, very low libido.

Mr. Copp has been treated by Robert Friedman M.D. in Albuquerque who detected heavy metal toxicities involving especially lead, mercury and arsenic. He has received chelation treatments for those toxic metals. He has been evaluated extensively by Timothy Smith M.D. in Berkeley, California. He ordered a mold antibody panel that disclosed high IgG antibodies to two *Alternaria* species, *Epicoccum*, *Geotrichum*

and Pullularia. Blood PCR for Stachybotrys was negative. Immune tests revealed a significant elevation of antinuclear antibody of 1:320, a reduction in natural killer cell activity – 11 (20-50) with no abnormality in anti-myelin antibodies or chemical antibodies to isocyanates, phthalates and formaldehyde. Blood levels of dioxane and PCBs were unremarkable. These tests were performed from blood drawn on October 25, 2001. Dr. Smith has treated him with a comprehensive nutritional supplement program and strict chemical avoidance.

The diagnoses that Dr. Smith entertained include:

- Hypothyroidism
- Allergic Rhinosinusitis
- Reactive Airway Disease Syndrome (RADS)
- Hypersensitivity pneumonitis
- Immunotoxicity
- Asbestosis
- Fracture of lumbar vertebrae

A comprehensive neuropsychology test battery was performed in New Mexico by Dr. Tony Kreuch, PhD in psychology with a thorough report completed on May 7, 2003. Dr. Kreuch stipulated that Mr. Copp expended good effort at dealing with the psychometric tests. His evaluation revealed “measurable cognitive difficulty in the areas of memory acquisition, storage and retrieval” and lower performance in verbal-auditory learning vs. visual-spatial learning. Deficits were detected in attention span, concentration and complex information processing especially in the speed of mental processing. Personality evaluation revealed depression and somatic reactivity. He stated that Mr. Copp’s medical difficulties are extensive and well-documented. He recommended psychotherapy, use of antidepressant medication and cognitive rehabilitation.

I saw Mr. Copp on two occasions and had two additional telephone consultations over a period of three months from 02-14-03 to 05-14-03. In these sessions, I was impressed by how quickly his mind wandered and how difficult it was for him to sustain a trend of thought. “As he tires, he develops a headache and his cognition begins to wane.” (02-13-03). It is of note that he has gained sixty pounds since mid-September, 2001. Largely due to extreme fatigue, back pain and inability to exercise.

Copp

-4-

On 04-10-03 I gave him clinical trials of Celluvisc eyedrops to help with the extreme dry eye condition and recommended that he see an Ophthalmologist. Celluvisc was of some help. The Ophthalmologist by Mr. Copp's verbal report found a slightly elevated eye pressure in both eyes suggestive of glaucoma. He inserted plugs in Mr. Copp's tear ducts to help relieve the xerophthalmia.

I also prescribed a trial of Provigil to assist with his mental alertness. On May 14, 2003 he stated that Provigil seemed to be really helping but he was much too responsive to take the full prescribed dose of 200 mg a day which caused some agitation and insomnia. He takes about 75 mg a day. This dose seemed to reduce his headache and improve his short-term memory.

I concur with the diagnoses of apparent new onsets of these conditions: Allergic rhinosinusitis, a propensity to sinus infections, Reactive Airway Disease causing bronchial inflammation resulting in asthma, Toxic Encephalopathy, hypertension and depression. In addition, he had a chemical conjunctivitis, xerophthalmia and possible glaucoma and evidence of heavy metal toxicities.

Mr. Copp experienced a massive exposure to chemicals and to molds over an approximate six day period of 09-12-01 to 09-18-01. Although he had conducted numerous dangerous rescue operations all over the world and had attained a position of preeminence in this field over a sixteen year period he felt well, was asymptomatic and functioned well until the six day exposures at the site of the World trade Center attacks in September, 2001. Subsequently, he has suffered a chronic and debilitating constellation of multisystemic complaints that have completely disabled him.

I concur with Dr. Smith that continued rest and strict avoidance of chemical and mold exposures are fundamental to his continued convalescence. The asthma and heavy metal accumulation have been addressed appropriately. His disability has attained a permanent and stationery state.

Sincerely,
Michael E. Rosenbaum M.D.
Michael E. Rosenbaum M.D.

Prescription and Referral Notes

DEA # AR2063434

MICHAEL E. ROSENBAUM, M.D.
300 TAMAL PLAZA
SUITE 120
CORTE MADERA, CA 94925
415-927-9450
CA Lic. No. G19112

NAME Douglas Copp
ADDRESS _____ DATE 02.14.03

R

Neuropsychology
TEST BATTERY
DR. SHEILA BASTEN

LABEL

REFILL _____ TIMES PRN NR

DO NOT SUBSTITUTE

Michael Rosenbaum M.D.

TO INSURE BRAND NAME DISPENSING,
CHECK AND INITIAL BOX.
09/02/97

0401-K10859077

350 Chadbourne Road
Fairfield, CA 94585
Telephone: (707) 429-7181 x148
Fax: (707) 429-8210
E-Mail: bdoty@onemain.com

BRENDA DOTY
Imaging Center

The Amen Clinic For Behavioral Medicine, Inc.

SHEILA BASTIEN, Ph.D.
PSYCHOLOGICAL CORP.
2126 Los Angeles Avenue
Berkeley, CA 94707
(510) 526-7391
FAX 525-9601
License PX 4432

MICHAEL E. ROSENBAUM M.D.

DATE: _____

NOTES:

Eyes -

CELLUVISC

* BRAIN SPECT SCAN

AMEN Clinic
FAIRFIELD

Pacific Medical
CENTER - San Francisco

Consider "PROVIGIL"
TO IMPROVE MENTAL ALERTNESS.

Call Tim or Dr. Rosenbaum
tomorrow, Friday 10:15 am
12:30

try ABQ.

[Ship Saunas one week/month.]

THIS IS YOUR RECEIPT FOR THIS AMOUNT THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE.

DATE	DESCRIPTION	TOTAL FEE	PAYMENT	ADJ.	BALANCE	PREVIOUS BALANCE	NAME
- NEW PATIENT							
<input type="checkbox"/>	1. EXPANDED OFF. VISIT	99202					
<input type="checkbox"/>	2. DETAILED OFF. VISIT	99203					
<input type="checkbox"/>	3. COMPREHENSIVE OFF. VISIT	99204					
<input type="checkbox"/>	4. COMPLEX OFF. VISIT	99205					
<input type="checkbox"/>	5. PROLONGED PHYSICIAN SRV. 1ST 60 MIN	99354					
<input type="checkbox"/>	5a. EACH ADD'L 30 MIN	99355					
- CONSULTATION							
<input type="checkbox"/>	1. DETAILED OFF. VISIT	99243					
<input type="checkbox"/>	2. COMPREHENSIVE OFF. VISIT	99244					
<input type="checkbox"/>	3. COMPLEX OFF. VISIT	99245					
- ESTABLISHED PATIENTS							
<input type="checkbox"/>	1. MINIMAL OFF. VISIT	99211					
<input type="checkbox"/>	2. FOCUSED OFF. VISIT	99212					
<input type="checkbox"/>	3. EXPANDED OFF. VISIT	99213					
<input type="checkbox"/>	4. DETAILED OFF. VISIT	99214					
<input type="checkbox"/>	5. COMPREHENSIVE OFF. VISIT	99215					
<input type="checkbox"/>	6. PROLONGED PHYSICIAN SRV. 1ST 60 MIN	99354					
<input type="checkbox"/>	7. EACH ADD'L 30 MIN	99355					
<input type="checkbox"/>	8. MISSED APPOINTMENT	99049					
L - NUTRITION COUNSELING & RISK FACTOR REDUCTION							
<input type="checkbox"/>	1. COUNSELING 15 MIN./30/60	99401/2/4					
<input type="checkbox"/>	2. COUNSELING GROUP 30 MIN./60	99411/2					
P - SPECIAL SERVICES							
<input type="checkbox"/>	1. PSYCHOTHERAPY 25 MIN./50	90843/4					
<input type="checkbox"/>	2. EDUCATION - GROUP	99078					
<input type="checkbox"/>	3. PHONE CONSULT. - SIMPLE/INT/EXT	99371/2/3					
<input type="checkbox"/>	4. HOME VISIT	9935					
Q - ALLERGY SERVICES							
<input type="checkbox"/>	1. PRICK TESTS	95004					
<input type="checkbox"/>	2. INTRADERMAL - IMMEDIATE	95024					
<input type="checkbox"/>	3. INTRADERMAL - DELAYED	95028					
<input type="checkbox"/>	4. END POINT TITRATION	95027					
<input type="checkbox"/>	5. ANTIGEN DESENSITIZATION # OF VIALS						
<input type="checkbox"/>		DOSES PER VIAL	95165				
R - PROCEDURES							
<input type="checkbox"/>	1. SPIROMETRY/ WITH INHALER	94010/60					
<input type="checkbox"/>	2. CELL-MEDIATED IMMUNITY-SKIN	95028					
<input type="checkbox"/>	3. BIOFEEDBACK - OTHER	90901					
<input type="checkbox"/>	4. BIOFEEDBACK - EMG.	90911					
<input type="checkbox"/>	5. THERAPEUTIC EXERCISE	97110					
<input type="checkbox"/>	6. MYOFASCIAL RELEASE	97250					
<input type="checkbox"/>	7. MASSAGE	97124					
<input type="checkbox"/>	8. ACUPUNCTURE	97780					
<input type="checkbox"/>	9. ELECTROACUPUNCTURE	97781					
<input type="checkbox"/>	10. TRIGGER POINT - 3 OR MORE	20550-51					
<input type="checkbox"/>	11.						
<input type="checkbox"/>	12.						
S - INJECTIONS							
<input type="checkbox"/>	1. ALLERGY INJECTION - 1 VIAL/2 VIALS	95115/7					
<input type="checkbox"/>	2. IM	90782					
<input type="checkbox"/>	3. IV	90784					
<input type="checkbox"/>	4. IV INFUSION	90780					
<input type="checkbox"/>	5. VITAMIN INJECTION IM	90799					
T - MISCELLANEOUS							
<input type="checkbox"/>	1. MED. REP. & REC. REVIEW/ COPY PT. REC.	99080					
<input type="checkbox"/>	2. MEDICAL TESTIMONY	99075					
<input type="checkbox"/>	3. SPECIMEN - SHIPPING & HANDLING	99000					
<input type="checkbox"/>	4. MEDICATIONS/SUPPLIES	99070					
<input type="checkbox"/>	5. EDUCATION SUPPLIES	99071					
<input type="checkbox"/>	6. DISABILITY EXAM	99455					
<input type="checkbox"/>	7. ALLERGY TRAY SYRINGES	99070					
<input type="checkbox"/>	8. VENIPUNCTURE	36415					

ICD9	DESCRIPTION	ICD9
<input type="checkbox"/>	ASTHMA	493.0
<input type="checkbox"/>	ALLERGIC CONJUNCTIVITIS	374.14
<input type="checkbox"/>	ALLERGIC RHINITIS	477.9
<input type="checkbox"/>	ALLERGY-INHALANT POLLEN/OTHER	477.0/477.8
<input type="checkbox"/>	ALLERGIC GASTROENTERITIS	558.9
<input type="checkbox"/>	ALLERGIC HEADACHE	346.2
<input type="checkbox"/>	FOOD ALLERGY - SENSITIVITY	693.1
<input type="checkbox"/>	DRUG ALLERGY	995.2
<input type="checkbox"/>	ENVIRONMENTAL HYPERSENSITIVITY	995.3
<input type="checkbox"/>	URTICARIA/ANGIOEDEMA	708.0/995.1
<input type="checkbox"/>	EOSINOPHILIA	288.3
<input type="checkbox"/>	TURBINATE HYPERTROPHY	478.0
<input type="checkbox"/>	NASAL POLYP	471.0
<input type="checkbox"/>	TINNITUS	388.30
<input type="checkbox"/>	OTALGIA/OCUDYNIA	388.71/379.91
<input type="checkbox"/>	CONTACT DERMATITIS	692.9
<input type="checkbox"/>	ATOPIC DERMATITIS	691.8
ARDIOVASCULAR:		
<input type="checkbox"/>	ASHID	414.0
<input type="checkbox"/>	MITRAL VALVE PROLAPSE	424.01
<input type="checkbox"/>	HYPERTENSION-BENIGN	401.1
<input type="checkbox"/>	HYPOTENSION-CHRONIC/ORTHOST.	458.1/0
<input type="checkbox"/>	VASODEPRESSOR SYNCOPE-NMH	780.2
<input type="checkbox"/>	HYPERCHOLESTEROLEMIA/LIPIDEMIA	272.0/1
<input type="checkbox"/>	LOW HDL CHOLESTEROL	272.5
ENDOCRINE:		
<input type="checkbox"/>	HYPOTHYROIDISM/THYROIDITIS	244/245.2
<input type="checkbox"/>	THYROMEGALY	240.9
<input type="checkbox"/>	ADRENAL CORTICAL INSUFFICIENCY	255.4
<input type="checkbox"/>	TESTICULAR HYPOFUNCTION	257.2
<input type="checkbox"/>	GROWTH HORMONE DEFIC.	253.3
<input type="checkbox"/>	ENDOCRINOPATHY-AUTOIMMUNE	258.8
<input type="checkbox"/>	OBESITY/MORBID	278.0/1
<input type="checkbox"/>	DIABETES MELLITUS	250.0
<input type="checkbox"/>	GRAVES DISEASE	242.0
ASTROINTESTINAL:		
<input type="checkbox"/>	ARTHROS STOMATITIS	528.2
<input type="checkbox"/>	GLOSSITIS/GEORGAPHIC	529.0/1
<input type="checkbox"/>	ESOPHAGITIS	530.1
<input type="checkbox"/>	GERD	530.1
<input type="checkbox"/>	G.I. BLOATING/G.I. PAIN, CRAMPS	787.3/789.0
<input type="checkbox"/>	IRRITABLE BOWEL	564.1
<input type="checkbox"/>	CONSTIPATION	564.0
<input type="checkbox"/>	DIARRHEA-INF./NONINF./EMOT.	009.2/564.5/306.4
<input type="checkbox"/>	DIVERTICULOSIS/ITIS	562.10/11
<input type="checkbox"/>	ULCERATIVE COLITIS UNSPEC.	556.9
<input type="checkbox"/>	CROHN'S DISEASE S.I./L.I.	555.0/1
<input type="checkbox"/>	STOOL BLOOD-OCULT/OVERT	792.1/578.1
<input type="checkbox"/>	HEMORRHOIDS	455.0
<input type="checkbox"/>	PERIANAL PRURITIS	698.0
<input type="checkbox"/>	DYSMENORRHEA	625.3
<input type="checkbox"/>	MENSES-IRREGULAR/AMEN/EXCESS	626.4/2
<input type="checkbox"/>	MENOPAUSEAL-VASOMOTOR	627.2
<input type="checkbox"/>	PMS	625.4
<input type="checkbox"/>	CYSTITIS-ACUTE/INTERSTITIAL	601.0/591.1
<input type="checkbox"/>	BPH/PROSTATITIS-ACUTE/CHRONIC	600/601.0/1
<input type="checkbox"/>	ENDOMETRIOSIS	617.9

ICD 9 CM	DESCRIPTION	ICD 9 CM
<input type="checkbox"/>	CORYZA/LARYNGITIS	460/464.0
<input type="checkbox"/>	PHARYNGITIS ACUTE/CHRONIC	462/472.1
<input type="checkbox"/>	COUGH	786.2
<input type="checkbox"/>	SINUSITIS-ACUTE FRONT/MAX	461.01/1
<input type="checkbox"/>	SINUSITIS-CHRONIC FR/MAX/SPH.	473.11/0/3
<input type="checkbox"/>	OTITIS-ACUTE	381.01
<input type="checkbox"/>	BRONCHITIS-SEPTIC. ACUTE/CHRONIC	466.0/491.1
<input type="checkbox"/>	PSORIASIS/ W/ARTHRITIS	696.1/0
<input type="checkbox"/>	CANDIDIASIS-ORAL/VAGINAL	112.01/1
<input type="checkbox"/>	CANDIDIASIS-G.I./EXT. EAR	112.85/82
<input type="checkbox"/>	FUNGUS-SCALP/PEDIS/ONYCHO	110.0/4/1
<input type="checkbox"/>	GASTROENTERITIS-VIRAL	008.0
<input type="checkbox"/>	AMOEBA H.IST./OTHER/GIARDIA	006.0/007.8/007.1
<input type="checkbox"/>	LYME DISEASE/BABESIA	08881/82
<input type="checkbox"/>	HEPATITIS B/C	070.30/070.54
<input type="checkbox"/>	CHRONIC MALAISE AND FATIGUE	780.7
<input type="checkbox"/>	CHLAMYDIA/MYCOPLASMA	079.98/041.81
<input type="checkbox"/>	HSV 1/2	054.2/1
<input type="checkbox"/>	ACNE	706.1
<input type="checkbox"/>	HELICOBACTER PYLORI	041.86
IMMUNOLOGY:		
<input type="checkbox"/>	C.V.I.	279.06
<input type="checkbox"/>	IgG DEFICIENCY/WITH HIGH IgM	279.03/05
<input type="checkbox"/>	IgA/IgM DEFICIENCY	279.01/02
<input type="checkbox"/>	IMMUNE DYSREGULATION-T CELL	279.10
<input type="checkbox"/>	AUTOIMMUNE DISEASE NOS	279.4
<input type="checkbox"/>	IMMUNE COMPLEX VASCULITIS	287.0
<input type="checkbox"/>	LUPUS/SCLERODERMA/SJOGRENS	710.0/1/2
<input type="checkbox"/>	LYMPHADENITIS-CHRONIC	289.1
NEUROLOGY:		
<input type="checkbox"/>	SEIZURE-GRAND MAL/PETIT	345.1/2
<input type="checkbox"/>	SEIZURE-PARTIAL COMPLEX	345.5
<input type="checkbox"/>	MIGRAINE-CLASSICAL/COMMON/CLUSTER	346.0/1/2
<input type="checkbox"/>	HEADACHE-TENSION	307.81
<input type="checkbox"/>	FACIAL PAIN	784.0
<input type="checkbox"/>	INSOMNIA/HYPERSOMNIA -FUNCT.	307.42/43
<input type="checkbox"/>	INSOMNIA/HYPERSOMNIA -ORG.	780.52/54
<input type="checkbox"/>	SLEEP APNEA	780.51
<input type="checkbox"/>	DISTURBANCE OF SMELL/TASTE	781.1
<input type="checkbox"/>	PARASTHESIA, DYSESTHESIA	782.0
<input type="checkbox"/>	TOXIC ENCEPHALOPATHY	349.82
<input type="checkbox"/>	NEUROPATHY-ALCOHOL/DRUGS/TOXIN	357.51/6/7
<input type="checkbox"/>	INFECTION/COLLAGEN/DIABETES	357.0/1/2
<input type="checkbox"/>	TRIGEMINAL NEURALGIA	350.1
MUSCULO-SKELETAL:		
<input type="checkbox"/>	TENDINITIS	726.9
<input type="checkbox"/>	SPRAINS-STRAINS: HAND/WRIST	842.10/00
<input type="checkbox"/>	CERVICAL/LUMBAR	847.00/2
<input type="checkbox"/>	HIP/ANKLE	843.0/845.00
<input type="checkbox"/>	CARPAL TUNNEL-MEDIAN/RAD/ULN.	354.0/3/2
<input type="checkbox"/>	INTERVERTEBRAL DISC DISORDER	722.0
<input type="checkbox"/>	CERVICALGIA/UPPER/LOWER BACK	723.1/724.1/2
<input type="checkbox"/>	EPICONDYLITIS-MEDIAL/LATERAL	726.31/32
<input type="checkbox"/>	SCIATICA	724.3
<input type="checkbox"/>	FIBROMYALGIA	729.1

ICD 9 CM	DESCRIPTION	ICD 9 CM
<input type="checkbox"/>	JOINT-PAIN/SWELLING	719.4/719.0
<input type="checkbox"/>	OSTEOARTHRITIS/RHEUMATOID	715.0-714.0
<input type="checkbox"/>	OSTEOPOROSIS	733.00
<input type="checkbox"/>	TMJ-PAIN	524.62
TOXICOLOGY:		
<input type="checkbox"/>	TOXICOLOGY ABNORMALITY	796.0
<input type="checkbox"/>	LEAD/MERCURY/CADMIUM	984.0/985.0/98
<input type="checkbox"/>	CHLORINATED HYDROCARBONS	989.2
<input type="checkbox"/>	ORGANOPHOSPHATES	989.3
METABOLISM:		
<input type="checkbox"/>	LOW IRON-BLOOD LOSS/MALNUT.	280.0/1
<input type="checkbox"/>	ANEMIA-IRON DEFIC.	280.9
<input type="checkbox"/>	VITAMIN DEFICIENCY -	26.0
<input type="checkbox"/>	MINERAL DEFICIENCY - NOS	269.3
<input type="checkbox"/>	SODIUM/POTASSIUM DEFICIENCY	276.1/8
<input type="checkbox"/>	CALCIUM/MAGNESIUM	275.4/2
<input type="checkbox"/>	PHOSPHATE/CHLORIDE	275.3/276.9
<input type="checkbox"/>	AMINO ACIDS-BCAA/S/UREA	270.3/4/6
<input type="checkbox"/>	AMINO ACIDS-AROMAT/SULFUR	270.2/4
<input type="checkbox"/>	DEHYDRATION	276.5
<input type="checkbox"/>	FLUID RETENTION-GENERAL/LOCAL	276.6/782.3
<input type="checkbox"/>	PORPHYRIN DISORDER	277.1
PSYCHIATRY:		
<input type="checkbox"/>	BIPOLAR-MANIC/DEPRESSIVE	296.4/5
<input type="checkbox"/>	ANXIETY UNSPEC/PANIC	300.00/01
<input type="checkbox"/>	NEUROTIC DEPRESSION-DYSTHYMIA	300.4
<input type="checkbox"/>	OBSESSIVE-COMPULSIVE	300.3
<input type="checkbox"/>	EATING DISORDER/BULIMIA	307.50/51
<input type="checkbox"/>	POST TRAUMATIC STRESS DISORDER	309.81
<input type="checkbox"/>	A.D.D.-WITHOUT/WITH HYPERACTIVITY	314.00/01
COAGULATION:		
<input type="checkbox"/>	HYPERCOAGULOPATHY	289.8
<input type="checkbox"/>	DEFICIENT COAGULATION FACTOR(S)	286.9
<input type="checkbox"/>	HEPARIN MONITORING	964.2
OTHER		

TAX ID #75-2972983 CAL. LIC. #G19112

MICHAEL E. ROSENBAUM, M.D., INC.

300 TAMAL PLAZA, SUITE 120
CORTE MADERA, CA 94925
(415) 927-9450

Michael Rosenbaum

Patient Registration

FAX TRANSMITTAL

FAXED

MICHAEL E. ROSENBAUM, M.D., INC
300 TAMAL PLAZA, SUITE 120
CORTE MADERA, CA 94925

PH: (415) 927-9450

FAX: (415) 927-2596

DATE: 1-17-03

TO: Douglas Kopp

at:

Fax #: 505-281-7877

of Pages Including Header: 6

Regarding: Your appointment

Jan 31, 2003

11:00 AM
9:30

Janice
COBR/
800
362
3372
Main St
HOTEL

return fax + 2 pages = 8 total

from doug kopp: fax #

505-281-7877

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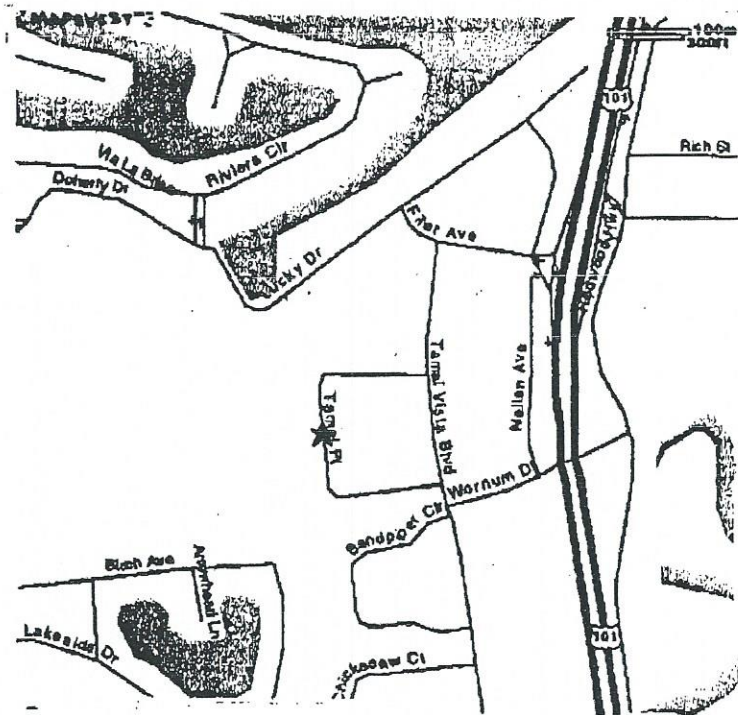
MICHAEL E. ROSENBAUM, M.D., INC.

300 Tamal Plaza, Suite 120

Ph: (415) 927-9450

Corte Madera, CA 94925

Fax (415) 927-2596



DIRECTIONS

FROM THE NORTH

Exit 101 South at Lucky Drive.
Go to Light and turn left (Tamal
Vista Blvd). Go to next light and make
Immediate right into our parking lot
(Tamal Plaza).

FROM THE SOUTH

Exit 101 North at Lucky Drive.
At the stop sign turn right. Proceed to
Stoplight and turn right (Wornum) at the next
Stoplight, turn right and you will see Tamal Plaza
On the left hand side, we are located in Building
#300

Michael E. Rosenbaum, M.D., D.C.
300 Tamal Plaza, Ste. #120
Corte Madera, CA 94925

415-927-9450 Office
415-927-2596 Fax
Monday - Friday 9 to 5pm

Welcome to our office. We have outlined our office information to better assist you. Please keep a copy at hand for questions that may arise during your care.

New Patients

Along with your new patient information forms please bring: Current lab reports, a brief journal of foods eaten the last three days, a list of medications and the *actual bottles* of supplements you are taking.

You will spend up to 1½ hours for this appointment. Dr. Rosenbaum will do a brief exam, address your concerns in depth and give his recommendations for treatment. The cost for a 1¼ -1½ hr. session will be \$350.00. Payment is expected for all office visits and treatments at the time of your visit. *Visa* and *Mastercard* are accepted. Please note: If your initial visit goes over 1½ hrs, additional time is billed @ \$75 per 15 min. increments.

Lab Tests

Tests may be necessary to diagnose your problem. These tests may be costly and not covered by your insurance. It will be your responsibility to pay the lab directly. Lab results are not available by phone and will require a follow-up visit or phone appointment to discuss them. Copies are available during your visit.

Follow-up Appointments

A 45 min follow-up appointment will be scheduled in 4-5 weeks. Doctor will discuss the results of labs done and the plans for your care. If you like, you can schedule a phone appointment for this follow-up visit. The cost is \$225.00 for this appointment.

Phone Appointments

Phone appointments are scheduled in 15 min increments of \$75. Prices will be quoted at time of scheduling. You will be expected to call the doctor at the scheduled time for the session to begin. Your credit card will be billed for your appointment. Missed appointments are charged to your account immediately.

Cancellation Policy

48-hour notice is required for cancellation of appointments. We have a 24-hour answering service to accept cancellations. You will be responsible for ½ the cost of your scheduled visit should you not give proper notice.

Insurance

We don't accept *any* insurance, including Medicare. However, we do offer 25% discount off our services for patients with Medicare Insurance. Medicare patients are required to sign a waiver of Medicare benefits. We will give you a receipt suitable for reimbursement.

Prescriptions

We only refill prescriptions that originated from our office. There are *no exceptions* to this rule. Please allow *one week* for your prescription to be processed. The doctor is not in on Fridays and prescriptions call in on that day will be addressed the following week.

In consideration of our chemically sensitive patients we request that you wear NO fragrance of any kind to our office, this includes natural oils and products.

DR. MICHAEL ROSENBAUM PATIENT REGISTRATION FORM

Name COPP DOUGLAS FINLEY
(Last) (First) (Middle)

Address PO Box 534

City Sandia Park State NM Zip 87047

Home Phone 505-281-1977 Work Phone SAME

Date of Birth Aug 3 / 1951 Marital Status M

How did you hear about our office? DR TIM SMITH

Your primary care physician? DR TIM SMITH Phone 1-707-823-6161

Allergies to medications? penicillin - however since WTC have had severe allergic reactions (head swelling) in many cases.

Diseases or disorders you have: ① fractured spine ② WTC Syndrome ③ fingers in lump. ④ many toxic metals & chemicals throughout body: lab tech.

Said: "This man was living in a sewer".
Three most serious problems you want to address in order of importance:

- 1.) respiratory problems.
- 2.) sensitivity to many foods, "smells",
- 3.) many side effects: headaches, blurred vision, ^{short term} memory loss.

Based on your own knowledge and intuition, what do you think are the causes of your Present state of health?

I was the first to clear the "fire" area 3 levels Below Grand Zoo and the flooded subway 6 levels deep.

What methods do you think would be effective in solving your problem?

Complete removal of toxic material from my body - to date I have had 12 intravenous sessions of 50g Vitamin C Chelation, Alutathion

Our office does not accept any insurance, including Medicare. Please let our receptionist know if you need a receipt for insurance purposes.

I, the undersigned, acknowledge that Michael E. Rosenbaum, M.D. is not my primary care physician. Dr. Rosenbaum offers "alternative" medical services. He does not diagnose or treat cancer and does not have a hospital practice. I will consult my primary care doctor for routine medical care as well as any emergency medical care.

Signed: Douglas F Copp
Patient and/or Responsible Party

Food Journal

Patient

You will be asked to submit a journal of the foods you eat for a three-day period. Please don't alter your normal diet in any way. List the following information for each day that you choose to keep track of. The days need not be chronological or specific. Any three days before your visit will be sufficient.

Day 1

Breakfast: "Supergreens" decafifying product.

Lunch: smoothies, soy milk, bananas, 'ambrotose', whey powder, pills.

Dinner: chicken, vegetables

Snacks, desserts, beverages: supergreens

Day 1

Breakfast: Supergreens
Smoothie (same)

Lunch: supergreens.

Dinner: fish, vegetables

Snacks, desserts, beverages: apple

Day 1

Breakfast: "supergreens"
Smoothie (same)

Lunch: supergreens.

Dinner: chicken soup.

Snacks, desserts, beverages: banana

Please see attached document (2 pages) relating to my ninth Discovery Channel Feature. I would like to do an interview with Dr. Rosenbaum for the program.

PATIENT- PHYSICIAN ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to professional malpractice, that is as to whether any professional services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompletely rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or services provided by the doctor including any spouse or heirs of the patient. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the doctor, and/or the doctor's association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claim against the doctor, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that the provisions of the California Medical Injury Compensation Reform Act shall apply to disputes within this Arbitration Agreement including, but not limited to, sections establishing the right to introduce evidence of any amount payable as a benefit to the patient as allowed by law (Civil Code 3333.1), the limitation on recovery for non-economic losses (Civil Code 3333.2) and the right to have a judgment for future damages conformed to periodic payments (CCP 667.7). The parties further agree that the Commercial Arbitration Rules of The American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: Revocation: This agreement may be revoked by written notice delivered to the doctor within thirty days of signature and if not revoked will govern all professional services received by the patient.

Article 5: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment) patient should initial below:

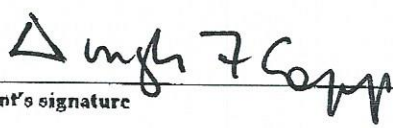
Effective as of the date of first professional services.


patient's initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF PROFESSIONAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Michael E. Rosenbaum M.D.


Patient's signature


Date

By _____
Doctor's Duly _____ Date _____
Authorized Representative

Patient's agent or _____
Representative's signature

Date

A Minor _____

Relationship of person signing