

Date

Dr. Name

Hospital Name

Re: Your patient, Patient Name

Dear Dr. Name:

I represent your patient, Patient Name, who is currently in your Progressive Care Unit suffering from a life-threatening infection seemingly associated with SARS-Cov-2 ("Covid"). I am grateful for your hospital's help to Patient Name, so this isn't a contentious communication.

Sadly, the current Hospital Name treatment regimen has not improved his situation, and his health has regressed. I understand Patient Name refused EUA Remdesevir as he feels the risks of liver toxicity outweigh the benefits. Today you let me know you have run out of therapeutic options for Patient Name, and there is nothing else you can do. You stated I could consider transferring him to another facility, however Patient Name likely won't make the transfer. As such, Patient Name is desperate and imploring you to try Ivermectin, which is experimental only in relation to its use to treat Covid. As you know, Ivermectin is very old and well-established drug that has been used more than 4 billion times since its creation. He is also imploring you to try the Frontline Covid Critical Care Alliance MATH+ hospital protocol.

Under the Federal Right to Try Act (Public Law 115-176) Patient Name meets all of the criteria for Hospital Name to administer the drug as "off-use" in relation to treating his condition. See also: <https://www.fda.gov/news-events/expanded-access/expanded-access-information-patients>

I have attached some information in respect of the drug and its efficacy for your review. Please also see the most up to date randomized controlled trials for your review at: <https://c19ivermectin.com>

I am aware of your natural concerns about liability associated with providing this experimental application of the drug and Hospital Name and I am prepared to both waive any suit against your company and also indemnify your hospital against any claims. I am happy to draft a waiver or work with your legal counsel to meet your needs.

The goal of my mission is simply giving Patient Name the chance to survive using Ivermectin and the FLCCC MATH+ Hospital protocol and we would appreciate you giving us an accommodation in this respect. If you have separate or additional concerns in so providing the medication, please let me know and give me an opportunity to try and remedy those concerns.

I would appreciate your confirmation of receipt of this note along with your intended course of action in respect of the subject matter herein.

Thanks in advance for your assistance,

