

General Release

TO ALL TO WHOM THESE PRESENTS SHALL COME OR MAY CONCERN, KNOW THAT:

_____ as Releasor,

in consideration of the sum of --One and More--- Dollars (\$1.00 & more) received from

(Name of Hospital) as Releasee,

receipt whereof is hereby acknowledged, releases and discharges the RELEASEE, RELEASEE'S heirs, executors, administrators, successors and assigns from all actions, causes of action, suits debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR, RELEASOR'S heirs, executors, administrators, successors and assigns ever had, now have or hereafter can, shall or may, have for, upon, or by reason of providing ivermectin in accordance with the FLCCC Math Plus Protocol, attached hereto and made a part hereof, to RELEASEE from the beginning of the world to the day of the date of this RELEASE.

The terms "RELEASOR" and "RELEASEE" shall include all Releasors and all Releasees under this RELEASE. This RELEASE may not be changed orally.

IN WITNESS WHEREOF, the RELEASOR has hereunto set RELEASOR'S hand and seal on this _____ day of _____, 20_____.

State of _____:
County of _____: ss:

On the _____ day of _____, 20_____ before me, the undersigned, personally appeared _____ personally known to me, or proved to me on the basis of satisfactory evidence, to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

Notary Public

MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

| MEDICATION | INDICATION/INITIATION | RECOMMENDED DOSING | TITRATION/DURATION |
|-------------------------------------|--|--|--|
| METHYLPREDNISOLONE | A. Upon oxygen requirement or abnormal chest X-ray | Preferred: 80 mg IV bolus, then 40 mg IV twice daily Alternate: 80 mg/240 ml normal saline IV infusion at 10 ml/hr Follow COVID-19 Respiratory Failure protocol (see flccc.net/respiratory-support-c19/) | A1. If no improvement in oxygenation in 2–4 days, double dose to 160 mg/daily. A2. Upon need for FIO ₂ > 0.6 or ICU, escalate to “Pulse Dose” below (B) A3. Once off IMV, NPPV, or High flow O ₂ , decrease to 20 mg twice daily. Once off O ₂ , then taper with 20 mg/day × 5 days then 10 mg/day × 5 days |
| | B. Refractory Illness/ Cytokine Storm | “Pulse” dose with 125–250 mg IV every 6 hours | Continue × 3 days then decrease to 160 mg IV/ daily dose above, taper according to oxygen requirement (A). If no response or CRP/Ferritin high/rising, consider mega-dose IV ascorbic acid and/or “Therapeutic Plasma Exchange” below |
| ASCORBIC ACID | O ₂ < 4 L on hospital ward | 500–1000 mg oral every 6 hours | Until discharge |
| | O ₂ > 4 L or in ICU | 50 mg/kg IV every 6 hours | Up to 7 days or until discharge from ICU, then switch to oral dose above |
| | If in ICU and not improving | Consider mega-doses: 25 grams IV twice daily for 3 days | Completion of 3 days of therapy |
| THIAMINE | ICU patients | 200 mg IV twice daily | Up to 7 days or until discharge from ICU |
| HEPARIN (LMWH) | Upon admission to hospital | 1 mg/kg twice daily — Monitor anti-Xa levels, target 0.6–1.1IU/ml | Until discharge then start DOAC at half dose × 4 weeks |
| IVERMECTIN * (a core medication) | Upon admission to hospital and/or ICU | 0.4–0.6 mg/kg per dose — daily (Take with or after meals) | For 5 days or until recovered |
| Fluvoxamine | Hospitalized patients | 50 mg PO twice daily | 10–14 days |
| Anti-Androgen Therapy | Hospitalized patients (Men only) | Dutasteride 0.5 mg daily or Finasteride 5 mg daily | until fully recovered |
| Vitamin D | Hospitalized patients | Calcifediol preferred: 0.5 mg PO day 1, then 0.2 mg PO day 2 and weekly thereafter Cholecalciferol: 20,000–60,000 IU single dose PO then 20,000 IU weekly | Until discharge |
| Atorvastatin | ICU Patients | 80 mg PO daily | Until discharge |
| Melatonin | Hospitalized patients | 6–12 mg PO at night | Until discharge |
| Zinc | Hospitalized patients | 75–100 mg PO daily | Until discharge |
| Famotidine | Hospitalized Patients | 40–80 mg PO twice daily | Until discharge |
| Therapeutic Plasma Exchange | Patients refractory to pulse dose steroids | 5 sessions, every other day | Completion of 5 exchanges |

Legend: CRP = C-Reactive Protein, DOAC = direct oral anti-coagulant, FIO₂ = Fraction of inspired oxygen, ICU = Intensive Care Unit, IMV = Invasive Mechanical Ventilation, IU = International units, IV = intravenous, NIPPV = Non-Invasive Positive Pressure Ventilation, O₂ = oxygen, PO (per os) = oral administration

* The safety of ivermectin in pregnancy has not been established thus treatment decisions require an assessment of the risks vs. benefits in a given clinical situation.

For optional medicines and an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/optional-medicines

For updates, references and more information on **MATH+** (Hospital Treatment Protocol for COVID-19) and on our **I-MASK+** (Prevention & Early Outpatient Treatment Protocol for COVID-19) please see

MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

TO CONTROL INFLAMMATION & EXCESS CLOTTING

In all COVID-19 hospitalized patients, the therapeutic focus must be placed on early intervention utilizing powerful, evidence-based therapies to counteract:

- The overwhelming and damaging inflammatory response
- The systemic and severe hyper-coagulable state causing organ damage

By initiating the protocol soon after a patient meets criteria for oxygen supplementation, the need for mechanical ventilators and ICU beds will decrease dramatically.

TREATMENT OF LOW OXYGEN

- If patient has low oxygen saturation on nasal cannula, initiate heated high flow nasal cannula.
- Do not hesitate to increase flow limits as needed.
- Avoid early intubation that is based solely on oxygen requirements. Allow “permissive hypoxemia” as tolerated.
- Intubate only if patient demonstrates excessive work of breathing.
- Utilize “prone positioning” to help improve oxygen saturation.

ABOUT THE MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

Our **MATH+** protocol is designed for hospitalized patients, to counter the body’s overwhelming inflammatory response to the SARS-CoV-2 virus. The protocol is based on numerous medical journal publications over decades. It is the hyper-inflammation, not the virus itself, that damages the lungs and other organs and ultimately causes death in COVID-19. We have found the **MATH+** protocol to be a highly effective combination therapy in controlling this extreme inflammatory response and we have now added ivermectin as a core component given the profound emerging efficacy data in hospitalized patients reviewed here (www.flccc.net/flccc-ivermectin-review-covid-19).

The steroid Methylprednisolone is a key component, increasing numbers of studies (see <https://flccc.net/medical-evidence>) show its profound effectiveness in COVID-19, which is made more potent when administered intravenously with high doses of the antioxidant Ascorbic acid given that the two medicines have multiple synergistic physiologic effects. Thiamine is given to optimize cellular oxygen utilization and energy consumption, protecting the heart, brain, and immune system. The

anticoagulant Heparin is important for preventing and dissolving blood clots that appear with a very high frequency in patients not given blood thinners. The **+** sign indicates several important co-interventions that have strong physiologic rationale and an excellent safety profile. It also indicates that we plan to adapt the protocol as our insights and the published medical evidence evolve.

Timing is a critical factor in the successful treatment of COVID-19. Patients must go to the hospital as soon as they experience difficulty breathing or have a low oxygen level. The **MATH+** protocol then should be administered soon after a patient meets criteria for oxygen supplementation (within the first hours after arrival in the hospital), in order to achieve maximal efficacy as delayed therapy has led to complications such as the need for mechanical ventilation.

If administered early, this formula of FDA-approved, safe, inexpensive, and readily available drugs can eliminate the need for ICU beds and mechanical ventilators and return patients to health.

DISCLAIMER

This protocol is solely for educational purposes regarding potentially beneficial therapies for COVID-19. Never disregard professional medical advice because of something you have read on our website and releases. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regards to any patient. Treatment for an individual patient should rely on the judgement of your physician or other qualified health provider. Always seek their advice with any questions you may have regarding your health or medical condition.

CONTACT

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I-MASK+

PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

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PREVENTION PROTOCOL

| | |
|-------------------------------|---|
| Ivermectin¹ | Prevention for high risk individuals 0.2 mg/kg per dose (take with or after meals) — one dose today, repeat after 48 hours, then one dose weekly* |
| | Post COVID-19 exposure prevention² 0.2 mg/kg per dose (take with or after meals) — one dose today, repeat after 48 hours* |
| Vitamin D3 | 1,000–3,000 IU/day |
| Vitamin C | 500–1,000 mg twice a day |
| Quercetin | 250 mg/day |
| Zinc | 30–40 mg/day |
| Melatonin | 6 mg before bedtime (causes drowsiness) |

EARLY OUTPATIENT PROTOCOL³

| | |
|----------------------------------|--|
| Ivermectin¹ | 0.2–0.4 mg/kg per dose (take with or after meals) — one dose daily, take for 5 days or until recovered* Use upper dose range if: 1) in regions with more aggressive variants; 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors. |
| Fluvoxamine | 50 mg twice daily for 10–14 days. Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI. |
| Nasopharyngeal Sanitation | Steamed essential oil inhalation 3 times a day (i.e. vapo-rub) and/or chlorhexidine/benzylamine mouthwash gargles and Betadine nasal spray 2–3 times a day |
| Vitamin D3 | 4,000 IU/day |
| Vitamin C | 500–1,000 mg twice a day |
| Quercetin | 250 mg twice a day |
| Zinc | 100 mg/day |
| Melatonin | 10 mg before bedtime (causes drowsiness) |
| Aspirin | 325 mg/day (unless contraindicated) |
| Pulse Oximeter | Monitoring of oxygen saturation is recommended (for instructions please see page 2 of this file) |

For **optional medicines** and an overview of the developments in prevention and treatment of COVID-19, please visit www.flccc.net/optional-medicines.

* The dosing may be updated as further scientific studies emerge.
¹ The safety of ivermectin in pregnancy has not been established. A discussion of benefits vs. risks with your provider is required prior to use, particularly in the 1st trimester.
² To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask
³ For late phase — hospitalized patients — see the FLCCC's MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

Please regard our **disclaimer** and further information on page 2 of this document.

Behavioral Prevention



WEAR MASKS

Must wear cloth, surgical, or N95 mask (without valve) in all indoor spaces with non-household persons.

Must wear a N95 mask (without valve) during prolonged exposure to non-household persons in any confined, poorly ventilated area.



KEEP DISTANCE

Until the end of the Covid-19 crisis, we recommend keeping a minimum distance of approx. 2m/6feet in public from people who are not from your own household.



WASH HANDS

We recommend, after a stay during and after outings from home (shopping, subway etc.), a thorough hand cleaning (20–30 sec. with soap), or also to use a hand disinfectant in between.

I-MASK+

PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

IVERMECTIN

Summary of the Clinical Trials Evidence for Ivermectin in COVID-19

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin.

Our comprehensive scientific review of these referenced trials on ivermectin can be found on www.flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

For a quick overview, a One-page Summary of our review on ivermectin can be found on www.flccc.net/one-page-summary-of-the-clinical-trials-evidence-for-ivermectin-in-covid-19/

Body weight conversion (kg/lb) for ivermectin dose in prevention and treatment of COVID-19

| Body weight Conversion (1 kg ≈ 2.2 lbs) (doses calculated per upper end of weight range) | | Dose 0.2 mg/kg ≈ 0.09 mg/lb (Each tablet = 3 mg; doses rounded to nearest half tablet above) | |
|---|------------|---|-----------------------|
| 70–90 lb | 32–40 kg | 8 mg | (3 tablets=9 mg) |
| 91–110 lb | 41–50 kg | 10 mg | (3.5 tablets) |
| 111–130 lb | 51–59 kg | 12 mg | (4 tablets) |
| 131–150 lb | 60–68 kg | 13.5 mg | (4.5 tablets) |
| 151–170 lb | 69–77 kg | 15 mg | (5 tablets) |
| 171–190 lb | 78–86 kg | 16 mg | (5.5 tablets) |
| 191–210 lb | 87–95 kg | 18 mg | (6 tablets) |
| 211–230 lb | 96–104 kg | 20 mg | (7 tablets=21 mg) |
| 231–250 lb | 105–113 kg | 22 mg | (7.5 tablets=22.5 mg) |
| 251–270 lb | 114–122 kg | 24 mg | (8 tablets) |
| 271–290 lb | 123–131 kg | 26 mg | (9 tablets=27 mg) |
| 291–310 lb | 132–140 kg | 28 mg | (9.5 tablets=28.5 mg) |

Pulse Oximeter (usage instructions)

In symptomatic patients, monitoring with home pulse oximetry is recommended (due to asymptomatic hypoxia). The limitations of home pulse oximeters should be recognized, and validated devices are preferred. Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. The following guidance is suggested:

- Use the index or middle finger; avoid the toes or ear lobe
- Only accept values associated with a strong pulse signal
- Observe readings for 30–60 seconds to identify the most common value
- Remove nail polish from the finger on which measurements are made
- Warm cold extremities prior to measurement

DISCLAIMER

The I-Mask+ Prevention & Early Outpatient Treatment Protocol for COVID-19 and the MATH+ Hospital Treatment Protocol for COVID-19 are solely for educational purposes regarding potentially beneficial therapies for COVID-19. Never disregard professional medical advice because of something you have read on our website and releases. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regards to any patient. Treatment for an individual patient should rely on the judgement of your physician or other qualified health provider. Always seek their advice with any questions you may have regarding your health or medical condition.

A summary of the published data supporting the rationale for Ivermectin use in our I-MASK+ protocol can be downloaded from www.flccc.net/flccc-ivermectin-summary

For updates, references, and information on the FLCCC Alliance, the I-Mask+ Prevention & Early Outpatient Treatment Protocol for COVID-19 and the MATH+ Hospital Treatment Protocol for COVID-19, please visit our website www.flccc.net