The Millennium-TBI Office Assistant<sup>™</sup> is a cloud-based, Al-software platform that will accelerate the user's ability to provide stellar assessment and treatment of patients with traumatic brain injury (TBI), as well as, patients in need of hormone replacement therapies.

Using a multi-tiered, cross correlation analyses, each laboratory test is interpreted against other members of the laboratory panel as to extrapolate their influence on each other's outcome. This allows for an enhanced interpretation and therefore, an optimal treatment protocol which includes:

#### **Broad Based Applications**

A hormone replacement program for TBI, HRT and Wellness.

#### Accessibility with Security

A cloud-based, secure VPN network program.

#### Ready to Use

Intuitive patient entry with preloaded ICD-10 and Lab parameters.

#### Comprehensive

Preloaded medication and supplement look-up tables.

**Consistent Benefits** Offers diagnoses, comments and educational tidbits.

#### **Impressive Results**

A report formatter to provide stunning and comprehensive reports.

**Proposed cost:** \$99.00 per month on an annual contract for your first year.\*

### Request a FREE One Month Trial of the Millennium-TBI Office Assistant<sup>™</sup>. Access Codes will be sent January-March 2020

NAME:

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STATE: \_\_\_\_\_

Send to:TBImedlegal@gmail.com

\*Legal disclaimer required with contract.

### The Millennium-TBI Office Assistant™

Developing tools to enhance your skills.

## Dr. Mark L. Gordon, MD

# The Millennium-TBI Office Assistant<sup>™</sup>

**The Millennium-TBI Office Assistant**<sup>™</sup> will help to automate the analysis and treatment of patients with traumatic brain injury related hormonal dysfunction as well as with standard HRT and wellness.

Dr. Alison M. Gordon, trained with her father for 18 months to become proficient with patients presenting with symptomatic traumatic brain injury (aka PTS, depression, anxiety, migraines, poor libido, poor memory, mood disorders and cognitive impairment).

Using the Office Assistant, it now takes 15 minutes to enter the patient's information and generate a comprehensive report including laboratory interpretations with diagnoses, comments, and recommendations for additional services or labs, interactions with present major medications and hormones, and then recommends treatment.

Although the Office Assistant has been beta tested on over 2000 cases, it is an educational tool whose results still requires your review, approval and signature. This program does not replace your medical acumen, but does provide sound educational directions for your ultimate treatment of patients.\*

	Halliday, Andrew	Back to Search Edit
	#10008   M   02/07/1978 (41)	
	Medical History Medication Lab Results	
	Add Lab Results	
	May 22, 2019	~
	September 5, 2019	
	oepveniuei 0, 2019	_
Contraction of the local division of the loc	Neuroendoc	prine Efficiency Score: 800 / 1200 (67%)
	Name Result Status % Range Comments, Diagnosis & Associations Treatment	
	Growth Hormone 0.47 Low Normal 6% Acceptable morning GH Level with Suboptimal IGF-1 Level. Follow the recommendations	under IGF-1.
	IGF-1 101 Low -30% Deficiency of IGF-1. ADD Secretropin (SRx) 2 Sprat	ys at hs to start.
and the second design of the	IGFBP-3 3600 Normal 41% Suboptimal IGF-BP3 under IGF-1. ADD Quercetin 500mg BID and under IGF-1.	J follow the recommendation
	DHEA-s 431.1 High Normal 74% Acceptable DHEA-s Level. No Intervention needed for DH	IEA on present Protocol.
Contraction of the local division of the loc	Free 13.8 Normal 47% Acceptable Free Testosterone Level. No Intervention needed for Fre	Je Testosterone.
	Total 819 High Normal 66% Acceptable Total Testosterone level. No Intervention needed for To	tal Testosterone (IT).
	Predicted Free-T 16.38 Low Normal 84% Suboptimal Free testosterone w/rapid conversion. Follow the recommendations	
	DHT 46.5 Normal 42% Acceptable DHT Level. No Intervention needed for DH	
	SHBG 50 Normal 44% Acceptable SHBG Level. (Free Testosterone, +OHT, +Estradiol) No Intervention needed for SH	
	Estrone 17.6 Low Normal 29% Acceptable Estrone (E1) Level. No Intervention needed for Est	
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