

# ANNEXURE - 1

## CORONA-19 PATIENTS

### Patients 1 & 2 – Sonia and Jaftha Davids - (Result in 4 days)

Hi, I was tested positive for Covid 19 on the 2nd May, I tested on the 1st May. I had no symptoms just sinusitis. I was introduced to the tablets the Saturday 8th when started using it. Before using the tablets, I did not have appetite, but since I started the tablets I could eat anytime, and I could breathe without getting pains on my lungs. I was very constipated and had lots of headaches. Now I have open bells quite easy, headaches gone, and I sleep very well at night. SD

24hr Contact No. 021 596 5000



Patient:  
Mrs Sonia Enid Davids  
ID: 6712070244086  
DOB: 1967-12-07  
Age: 52 Sex: F  
H: 0219883811 C: 0797674344  
sonja.davids21@gmail.com

Doctor:  
Dr Doctor Querries Cape Town  
N1 Medical Chambers  
Syfred Douglas Rd  
N1 City XXXX

Guarantor:  
Mrs Sonia Enid Mentox  
4 Glendale Close  
Bernadino Heights 7570

W: 0219054971 C: 0797674344  
Cash Patients

Ref By: Dr Doctor Querries Cape Town  
Folio:

**FINAL REPORT**  
Req: 30172372  
Specimen: 0514:AL024535

Collected: 2020-05-14 13:30  
Received: 2020-05-14 14:26  
Printed: 2020-05-16 16:21  
Batch: PATIENT RESULTS STD

Ordered: SARS-CoV-2 PCR  
Comments: Source: NPA Swab  
Specimen: Nasopharyngeal swab

Test ICD10: U07.2

Test	ABN	Result	Reference Range	Unit
SARS-CoV-2 PCR		Negative		

SARS-CoV-2 nucleic acid was not detected by means of a polymerase chain reaction (PCR) test.

#### Clinician guidelines:

If the patient is at risk of COVID-19 disease due to travel or contact with a known patient, please ensure adherence to 14 days of quarantine.

If the patient was asymptomatic at the time of testing, please maintain quarantine and repeat testing should symptoms develop. A negative result under these circumstances does NOT mean that the patient is not infected.

A negative result cannot be used to certify that a patient is not infected for travel, work or other purposes.

Refer to [www.ampath.co.za](http://www.ampath.co.za) for further information.

24hr Contact No. 021 596 5000



Patient:  
Mrs Sonia Enid Davids  
ID: 6712070244086  
DOB: 1967-12-07  
Age: 52 Sex: F  
H: 0219883811 C: 0797674344  
sonja.davids21@gmail.com

Doctor:  
Dr Doctor Queries Cape Town  
N1 Medical Chambers  
Syfred Douglas Rd  
N1 City XXXX

Guarantor:  
Mrs Sonia Enid Mentor  
4 Glendale Close  
Bernadino Heights 7570  
W: 0219054971 C: 0797674344  
Cash Patients

Ref By: Dr Doctor Queries Cape Town  
Folio:

**FINAL REPORT**  
Req: 30172372  
Specimen: 0514:AS074675

Collected: 2020-05-14 13:30  
Received: 2020-05-14 14:26  
Printed: 2020-05-16 16:21  
Batch: PATIENT RESULTS STD

Ordered: SARS-CoV-2 PCR  
Comments: Source: NPA Swab

Test	ABN	Result	Reference Range	Unit
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*Magdalene de Bruin  
(OU) 021 981 3640*

\*\*\* DRS DU BUISSON, BRUNETTE & KRAMER Ing/Inc \*\*\*

PRAC.NO.: 052 000 5200431

24 HR Contact No: 021 596 5000

Patient:  
Mrs Sonia Enid Davids  
Mentor  
ID: 6712070244086  
DOB: 1967-12-07  
Age: 52 Sex: F  
7570  
H: Not available C: 0797674344  
0797674344  
Email: sonja.davids21@gmail.com

Doctor:  
Daleen de Bruin  
Northpine Medicross  
Marine Drive, Northpine  
Brackenfell 7560

Guarantor:  
Mrs Sonia Enid  
4 Glendale Close  
Bernadino Heights  
W: 0219054971C:  
Cash Patients

Ref By: Daleen de Bruin  
File:  
2020-05-01 11:58  
Diag. ICD10:  
2020-05-01 12:04

FINAL PATIENT REPORT  
Req: 17662848  
Specimen: 0501:AL003975

Collected:  
Received:  
Printed: 2020-05-02  
Batch:

07:00

Ordered: SARS-CoV-2 PCR POC

Comments: Source: Nasal swab  
Specimen: Nasopharyngeal swab

Test	ABN	Result	Reference Range
SARS-CoV-2 PCR POC	*	Positive	

SARS-CoV-2/COVID-19 nucleic acid was detected by means of a polymerase chain reaction (PCR) test.

Clinician guidelines:

If the patient is well enough to remain at home, he or she needs to self-isolate for 14 days. If the patient requires admission to hospital, they need to remain



~~~~Patient Information~~~~

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|
| <b>Staff Member:</b> Gaironeesha Adams        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date:</b> 2020/05/11           |                            |
| <b>Full Name:</b>                             | Sonia Enid Davids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                            |
| <b>Date of Birth:</b>                         | 1967-12-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age 52                            |                            |
| <b>ID Number:</b>                             | 6712070244086                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Sex:</b>                       | <b>M</b> <b>Female</b>     |
| <b>Cell Number:</b>                           | 079 767 4344                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (h) 0219883811                    |                            |
| <b>Address:</b>                               | 4 Glendale Close Bernadino Heights 7570                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                            |
| <b>Referred by:</b>                           | Contacted Oxygen Products Venetia                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                            |
| <b>Date Tested:</b>                           | 01/05/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Result Date:</b> 02/05/202     |                            |
| <b>OP Delivery Date:</b>                      | 2020/05/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                            |
| <b>Chronic/Underlying Conditions:</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| Diabetic, Cancer, Heart Disease,              | Asthma X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lupus                             |                            |
| Chronic Obstructive Pulmonary Disease (COPD), |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hypertens X                       |                            |
| <b>Other:</b>                                 | Sinus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                            |
| <b>Corona Symptoms</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| <b>Most common symptoms:</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sinus and Congestion              |                            |
| Fever, Dry Cough,                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| <b>Less common symptoms:</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| Aches and Pains, Sore Throat,                 | A Rash on Skin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Conjunctivitis,                   | Headache X                 |
| Loss of Taste or Smell,                       | Diarrhoea,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Discolouration of Fingers or Toes |                            |
| <b>Serious symptoms:</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| Difficulty Breathing or Shortness of Breath,  | Chest Pain or Pressure,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                            |
| Loss of Speech or Movement                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| <b>Other:</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| Start Date of VC:                             | *09/05/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount and Frequency:             | 1 Capsule 3 times          |
| Start Date of MO:                             | *09/05.2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount and Frequency:             | 3 Capsules 3 times per day |
| Start Date of HH:                             | *09/05/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount and Frequency:             | 2 Capsules once at night   |
| OP Symptoms:                                  | Headaches,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diarrhoea                         |                            |
| <b>Patient Feedback</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
|                                               | 11/05/2020 felt nomore irretation and scratching in the throaht. Sinus                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                            |
|                                               | and headache has shifted the Sunday already 10/11/20.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                            |
|                                               | 12/05/2020 Feeling much better don't feel any of the s ymptoms .                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                            |
|                                               | 13/05/2020 Says she feel full of energy like she was never sick, much much better.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                            |
| <b>Office Feedback:</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| <b>Follow up</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                            |
| <b>Other:</b>                                 | Hi, I was tested positive for covid 19 on the 2nd May, I tested on the 1st May. I had no symptoms just sinusitis. I was introduced to the oxygen tablets the Saturday 8th when started using it. Before using the tablets I did not have appetite, but since I started the tablets I could eat anytime and I could breathe without getting pains on my lungs. I was very constipated and had lots of headaches. Now I have open bells very easy, headaches gone and I sleep very well at night.(Sonia Davids) |                                   |                            |



~~~~Patient Information~~~~

**Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** Mr Jaftha Davids  
**Date of Birth:** \*1956-10-20 Age 63 years  
**ID Number:** \*5610205217087 **Sex:** Male **F**  
**Cell Number:** 0829355542 (H) 021 988 3811  
**Address:** 4 Glendale Close Bernadino Heights 7570

**Referred by:** Referred by his wife Sonia Davids.  
**Date Tested:** \*01/05/2020 **Result Date:** \*02/05/2020  
**OP Delivery Date:** \*9/05/2020

**Chronic/Underlying Conditions:**  
 Diabetic, Cancer, Heart Disease, Asthma, Lupus  
 Chronic Obstructive Pulmonary Disease (COPD), Hypertension X  
**Other:** \_\_\_\_\_

**Corona Symptoms**

**Most common symptoms:**  
 Fever, Dry Cough, Tiredness  
**Less common symptoms:**  
 Aches and Pains, Sore Throat, A Rash on Skin, Conjunctivitis, Headache  
 Loss of Taste or Smell, Diarrhoea, Discolouration of Fingers or Toes  
**Serious symptoms:**  
 Difficulty Breathing or Shortness of Breath, Chest Pain or Pressure,  
 Loss of Speech or Movement  
**Other:** Flu symptoms, headaches , irretation in the throat sore throat and muc us. \_\_\_\_\_

**Start Date of VC:** \*09/05.2020 **Amount and Frequency:** 1 Capsule 3 times 1st day  
**Start Date of MO:** \*09/05/2020 **Amount and Frequency:** 3Capsules 3 times per day  
**Start Date of HH:** \*09/05/2020 **Amount and Frequency:** 2 Capsules Once before bedtime.  
**OP Symptoms:** Headaches, Diarrhoea

**Patient Feedback:**  
 11/05/2020 Irritation is gone and coughing has subsided feeling much better.  
 12/05/2020 Still coughing little not so often.feeling even better than the previous day.  
 13/05/2020 No coughing no headaches feeling wonderful back nomore sore.  
 Feeling wonderful.

**Office Feedback:** \_\_\_\_\_

**Follow up**

**Other:** Had flu the Thursday the 30th of April, got myself tested the 1st of May, got results on Saturday to say I am positive. I had lots of headaches that week. My wife was introduced to this Oxygen tablets that we started on the Saturday 5th May. The Sunday I could get up with headache and could have a healthy breakfast without feeling sick. I've been on the tablets now a week and no pains on my lungs or headaches.(Japhta Davids)

### Patient 3 - Rosline Mentor (80 years old) Result in 4 days

beter gevoel tot vandag toe (Sonia's Mom) Rosline Mentor.

Translation: I was feeling extremely negative after my Covid 19 test because of testing positive. Sonia my daughter gave me your pills and immediately after the first day I had improved health until this day.

#### Final Report

Mediclinic Cape Gate  
cnr Tanner & Okavango Road  
Brackenfell  
Tel: 021 9816555



Practice No: 5200539

**Report to:**  
**DR G L GREYBE**  
NORTHPINE MEDICROSS  
50 LANGMERE STREET  
7560 NORTH PINE BRACKENFELL

**Referred by:** DR G L GREYBE  
**Copies to:** CAPE GATE MEDICLINIC (INF)

**Requisition No:** 673501975  
**Specimen No:** 0504:PA02008H  
**Collection Date:** 2020-05-04 12:00  
**Received Date:** 2020-05-04 16:31  
**Reported Date:** 2020-05-18 12:24

**Patient:**  
**MRS ROSALIE MENTOR**  
**Patient ID No:** 3912090082010  
**Age:Sex:DoB:** 80y: F: 1939-12-09  
**Contact No:** 0823619243

**Guarantor:**  
**MRS R MENTOR**  
**Med Aid:** DISCOVERY  
**Member No:** 022835620  
**Contact No:** 0823619243

**Clinical Data:**  
: B/HEIGHTS  
City : KRAAIFONTEIN  
Province : Western Cape  
Postal Code : 7570  
PUI case definition was met ? Yes  
Residential Address : 4 GLENDALE CLOSE

**Tests requested:** SARS-CoV-2 (COVID19)

**ICD10 code(s):** Z76.9

#### PCR DEPARTMENT

| Test Name | Result | Flag | Reference Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

#### SARSCoV2 PCR (COVID19)

|                 |                  |
|-----------------|------------------|
| Specimen Source | Respiratory swab |
|-----------------|------------------|

|                |          |   |
|----------------|----------|---|
| SARS-CoV-2 PCR | Detected | H |
|----------------|----------|---|

SARS Coronavirus 2 RNA was detected in this sample. Please correlate this result with the clinical picture and contact the virologist on call if you wish to discuss the result. Please also remember that COVID-19 is a notifiable disease and should be reported appropriately.

Authorised by PATHOLOGIST: Dr Inez Rossouw on 2020-05-07 10:50:00

Clinical Virologist: 057 3525405

~ H=High, L=Low, \*H=Critically High, \*L=Critically Low

~ File [ ] Phone Patient [ ] Appointment [ ] Prescription [ ] Draw File [ ]

24hr Contact No. 021 596 5000

PATHOLOGISTS · PATOLOE

Drs Du Buisson, Kramer, Swarf, Bouwer Inc./Ing.



Patient:  
Mrs Rosalie Y Mentor  
ID: 3912090082085  
DOB: 1939-12-09  
Age: 80 Sex: F  
H: 0219883811 C: 0797674344  
soniadavids@gmail.com

Doctor:  
Dr Doctor Querries Cape Town  
N1 Medical Chambers  
Syfzed Douglas Rd  
N1 City XXXX

Guarantor:  
Rosalie Y Mentor  
4 Glendale Crescent  
Bernadino Heights 7570

Ref By: Dr Doctor Querries Cape Town  
Folio:

**FINAL REPORT**  
Req: 30172371  
Specimen: 0514:AL024685

W: Not available C: 0823619243  
Discovery Health  
022835620  
Collected: 2020-05-14 13:34  
Received: 2020-05-14 14:25  
Printed: 2020-05-16 19:01  
Batch: PATIENT RESULTS STD

Ordered: SARS-CoV-2 PCR  
Comments: SOURCE: NPA SWAB  
Specimen: Nasopharyngeal swab

Test ICD10: U07.2

| Test           | ABN | Result   | Reference Range | Unit |
|----------------|-----|----------|-----------------|------|
| SARS-CoV-2 PCR |     | Negative |                 |      |

SARS-CoV-2 nucleic acid was not detected by means of a polymerase chain reaction (PCR) test.

Clinician guidelines:

If the patient is at risk of COVID-19 disease due to travel or contact with a known patient, please ensure adherence to 14 days of quarantine.  
If the patient was asymptomatic at the time of testing, please maintain quarantine and repeat testing should symptoms develop. A negative result under these circumstances does NOT mean that the patient is not infected.  
A negative result cannot be used to certify that a patient is not infected for travel, work or other purposes.

Refer to [www.ampath.co.za](http://www.ampath.co.za) for further information.

## Patient 4 Roseline Mohamed (Result in 2 days )

Good day my name is Roseline Mohammed I tested positive for Covid -19. Through the Grace of the Lord I got to hear of the products through my colleague Sonja Mentoor who also tested positive. I suffer from Hypertension and the virus attacked my body leaving me feeling weak and drained. I sent a WhatsApp message to Venetia and she contacted me that same morning asking about my wellbeing. I told her my symptoms and was Blessed with the Heart pills for my hypertension and the Mega Oxygen for my fatigue. I do not get headaches anymore and I am feeling energized, and ready for the day. They are also paying for my second corona test which I know will be negative because of these pills that also help your body fighting this virus. I want to thank Venetia and her wonderfully team for their Good work and my Gods Bless them. Thank your Team you are a Great Company 🙏🙏🙏🙏😊 (Roseline Mohamed)

24hr Contact No. 021 596 5000



Patient:  
**Mrs Roseline M Mohammed**  
 ID: 7811120055085  
 DOB: 1978-11-12  
 Age: 41 Sex: F  
 H: Not available C: 0662795906  
 roseline.mohammed@goosebumps.co.za

Doctor:  
**Dr Wendell le Breton**  
 2 Apollo Street  
 Somerset Heights  
 Eersterivier 7100

Guarantor:  
**Mr Charlie Mohammed**  
 3 Keerom Street  
 Kleinvllei 7100

W: 0215570148 C: 0712200317  
 Cash Patients

Ref By: Dr Wendell le Breton  
 Folio:

**FINAL REPORT**  
**Req: 17662440**  
 Specimen: 0502:AL002895

Collected: 2020-05-02 09:31  
 Received: 2020-05-02 10:40  
 Printed: 2020-05-17 12:43  
 Batch: PATIENT RESULTS STD

Ordered: SARS-CoV-2 PCR  
 Comments: Source: 1XNASOPHARYNGEAL SWAB  
 Specimen: Nasopharyngeal swab  
 Test ICD10: U07.1

| Test           | ABN | Result   | Reference Range | Unit |
|----------------|-----|----------|-----------------|------|
| SARS-CoV-2 PCR | *   | Positive |                 |      |

SARS-CoV-2/COVID-19 nucleic acid was detected by means of a polymerase chain reaction (PCR) test.

**Clinician guidelines:**

If the patient is well enough to remain at home, he or she needs to self-isolate for 14 days. If the patient requires admission to hospital, they need to remain in isolation for 14 days after clinical stability is reached. All household contacts, including domestic staff, should also remain in quarantine and be tested for COVID-19 should symptoms develop during the course of quarantine.

If the patient is admitted to hospital, please adhere to all necessary infection control procedures.

COVID-19 is a category 1 notifiable medical condition and clinicians are required to notify the relevant Provincial Communicable Disease Control Directorate.

Refer to [www.ampath.co.za](http://www.ampath.co.za) for further information.

24hr Contact No.



Patient:  
**Mrs Roseline M Mohammed**  
 ID: 7811120055085  
 DOB: 1978-11-12  
 Age: 41 Sex: F  
 H: Not available C: 0662795906  
 roseline.mohammed@goosebumps.co.za

Doctor:  
**Dr Doctor Queries Cape Town**  
 N1 Medical Chambers  
 Syfied Douglas Rd  
 N1 City XXXX

Guarantor:  
**Mr Charlie Mohammed**  
 3 Keerom Street  
 Kleinvllei 7100

W: 0215570148 C: 0712200317  
 Cash Patients

Ref By: Dr Doctor Queries Cape Town  
 Folio:

**CUMULATIVE REPORT**

Printed: 2020-05-17 09:30  
 Batch: PATIENT RESULTS PC

Ordered: SARS-CoV-2 PCR

| Test           | Reference Range | 2017-02-13<br>21:00<br>96782181 | 2017-02-14<br>04:45<br>96781991 | 2020-05-02<br>09:31<br>17662440 | 2020-05-14<br>14:35<br>30172369 |
|----------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Haemoglobin    | 12.0-15.0 g/dL  | 13.9                            | 13.7                            |                                 |                                 |
| SARS-CoV-2 PCR |                 |                                 |                                 |                                 | Negative                        |
| SARS-CoV-2 PCR |                 |                                 |                                 | Positive *                      |                                 |

## Patient 5 and 6 Tania and Kailum Arries (Result in 3 days)

Gday fellow believers and Saints of God. I firstly and foremost want to give all the glory and honor to our Lord and Savior. The products have blessed us on the 10th Of May because I phoned Venetia to inform her myself and my son was positive with the virus. She was so kind to bless us with the products. She delivered it free of charge. My son wanted to give up because he is Asthmatic. Saturday the 9th of May he sat on the couch in the living room and he said to Mommy I cannot anymore I am going to give up the fight. I started to pray for him and anoint him. Sunday morning, I phoned Venetia up and told her about our situation and her son delivered us the products started to use it immediately. Sunday evening my son did not sleep and so the Monday because he had such a lot of phlegm and coughed nonstop. Giro phoned us the Monday and spoke to us to go more in depth about the Oxygen products. She said by Wednesday his phlegm will be less and his cough by the Grace of God it was. We got more energy since then and my son phlegm and cough are totally gone. I as his mother slept right through and felt much better in my soul. My son and myself are totally healed. Yesterday we got a call from Giro they are going to pay for our second test as well. God is Faithful again and again. I want to bless the Company with unmerited favor not just Venetia but all the people that works for her they are such a huge blessing to everyone and myself, my daughter and son will continue using the products and I will tell everybody about it. God bless the Company 🙏🙌👉👩🏻

Date: 02/May/2020

Dear Sir/Madam,

RE: Tania Amos

This letter confirms that the patient mentioned above has been screened for COVID-19 and has been found POSITIVE.

The patient will need to isolate for 14 days.

Date of return to work : 15/May/2020

If any questions, please feel free to contact us on 021-9493681 or email: [info@erdoctors.co.za](mailto:info@erdoctors.co.za)

Thanks,

Regards,

Dr Rudy Bosch

24hr Contact No.

PATHOLOGISTS · PATOLOË

Drs Du Bulson, Kramer, Swart, Bouwer Inc./Ing.



Patient:

Mrs Tania L Axries  
ID: 7302220245081  
DOB: 1973-02-22  
Age: 47 Sex: F  
H: Not available C: 0678842671  
taniaamos22@gmail.com

Doctor:

Dr Doctor Querries Cape Town  
N1 Medical Chambers  
Syfzed Douglas Rd  
N1 City XXXX

Guarantor:

Mrs Tania L Axries  
9 Nile Street  
Fountain Village 7100

W: 0219073811 C: 0678842671  
Cash Patients

CUMULATIVE REPORT

Ref By: Dr Doctor Querries Cape Town  
Folio: Ampath

Printed: 2020-05-17 09:07  
Batch: PATIENT RESULTS PC

Ordered: SARS-CoV-2 PCR

| Test                      | Reference Range | 2011-07-11<br>19:45<br>54415423 | 2013-03-23<br>16:26<br>64550380 | 2020-05-14<br>14:20<br>30172368 |
|---------------------------|-----------------|---------------------------------|---------------------------------|---------------------------------|
| C trachomatis IgG         | 0.0-0.9 ISR     | 0.5                             |                                 |                                 |
| C trachomatis IgG         | 0.0-21.0 RE/ml  |                                 | 2.0                             |                                 |
| C trachomatis IgG Interp  |                 |                                 | Negatief                        |                                 |
| Rapid Plasma Reagin (RPR) |                 | Negative                        | Negatief                        |                                 |
| T pallidum Screen Quant   | 0.0-0.9 INDEX   | < 0.1                           |                                 |                                 |
| T pallidum Screen Quant   | 0.0-0.9 Indeks  |                                 | < 0.1                           |                                 |
| T pallidum Screen         |                 | Negative                        | Negatief                        |                                 |
| N gonorrhoeae             |                 | Negative                        | Negatief                        |                                 |
| HSV Type 1 & 2 IgM        |                 |                                 | Negatief                        |                                 |
| HSV Type 1 & 2 IgG        |                 |                                 | Positief *                      |                                 |
| HSV Type 2 IgG            |                 |                                 | Negatief                        |                                 |
| Hepatitis B s Ag          |                 | Negative                        | Negatief                        |                                 |
| SARS-CoV-2 PCR            |                 |                                 |                                 | Negative                        |

~~~~~Patient Information~~~~~



Staff Member: gaironee Date: 11/05/2020

Full Name: Tania L Arries Amos  
 Date of Birth: \*22/02/2020  
 ID Number: \*7302220245081 Sex: M Female  
 Cell Number: 067 884 2641  
 Address: 9 Nile Street Foutain Villiage Blue Downs

Referred by: contacted office  
 Date Tested: 23/04/2020 Result Date: 24/04/2020

OP Delivery Date: \*10/05/2020

Chronic/Underlying Condit: Asthma, Lupus  
 Diabetic, Cancer, Heart Disease, Hypertension

Chronic Obstructive Pulmonary Disease (COPD),

Other: hypertension

**Corona Symptoms**

Most common symptoms: Tiredness

Fever, Dry Cough,

Less common symptoms: A Rash o Conjunctivitis, Headache

Aches and Pains, Sore Thr Diarrhoea Discolouration of Fingers or Toes

Loss of Taste or Smell,

Serious symptoms: Chest Pain or Pressure,

Difficulty Breathing or Shortness of Breath,

Loss of Speech or Movement

Other: She said congestion and numbness

Amount a 1 capsule 3 times per day

Start Date of VC: 10/05/2020 Amount a 3 capsule 3 times per day

Start Date of MO: 10/05/2020 Amount a 2 capsule once per night

Start Date of HH: 10/05/2020 Diarrhoea

OP Symptoms: Headaches,

Patient Feedback: 11/5/20 Dry cough is subsiding felt more energy

12 can't believe the energy that she is feeling cough is gone.tiredness completely gone no headaches

Office Feedback: She was more worried about her son who contracted the Virus from her.

She again contracted it from a colleague at work

**Follow up**

Gaironee Date: \*10/05/2020

Staff Member:

Full Name: Kailum Arries  
 Date of Birth: \*14/07/2020 Sex: male F  
 ID Number: ult Date: \*03/05/2020  
 Date Tested: \*02/05/2020

**Corona Symptoms**

Most common symptoms: Tiredness

Fever, Dry Cough,

Less common symptoms: A Rash o Conjunctivitis, Headache

Aches and Pains, Sore Thr Diarrhoea Discolouration of Fingers or Toes

Loss of Taste or Smell,

Serious symptoms: Chest Pain or Pressure,

Difficulty Breathing or Shortness of Breath,

Loss of Speech or Movement

Other:

Amount a 1 capsule 3x per day

Day of VC: Amount a 3 capsule 3 x per day

Day of MO: Amount a 2 capsule once per day

Day of HH:

OP Symptoms: Headaches, Diarrhoea,

Other:

Patient Feedback: he told his mom he wanted to give up the fight he was coughing a lot

and struggle to breath

day 2 he was cough less breathing became easier.

Office Feedback: His mom is very gratefull encouraging him told him to change his mindset

that he can overcome the infection

## Patients 7, 8, 9 and 10 – Myrtle, Daniel, Dean and Danelle Wyland

**From:** Myrtle Wynand <[mwynand2@gmail.com](mailto:mwynand2@gmail.com)>

**Sent:** Sunday, 24 May 2020 12:14 AM

**To:** [Venetia@oxygenproducts.org](mailto:Venetia@oxygenproducts.org)

**Subject:** VERSLAG: MNR & MEV WYNAND

VERSLAG:

Ek, Daniel Wynand en my vrou, Myrtle was ook van die ongelukkige wat die virus Covid-19 opgedoen het. Omdat ons oor die vyftig is het ons redelik siek geword. Veral met hewige hoofpyne, toebors, rug- en beenpyne. Ons was baie bekommerd veral oor die sterftesyfer veral mense bo vyftig en dit het ons onder hewige druk en stress geplaas. Ons bure het ons toe van die wonderlike medikasie vertel wat Oxygen gratis aan mense met die virus verskaf. Hulle het die kontaknommer aan ons verskaf en sonder om te skroom die nommer gebel en sonder enige vrae of geld het die mense die medikasie binne 'n uur die kom aflewer. Ons het dadelik met die die medikasie begin en binne 'n dag het ons die verskil aan ons liggame gevoel. Geen been-, koppyn of toebors meer nie. My angstigtheid het heeltemal verdwyn om ek kon voel die mediasie die gewenste uitwerking het. Ons is so innig dankbaar vir Oxygen, wat ons gehelp het om die virus te oorwin.

Ek sal enige persoon aanraai om dit te gebruik, daarom gee ek die kontaknommers aan enigeen wat dit nodig het, sodat hulle ook vry van die virus kan wees.

My versoek is dat dit aan die land geopenbaar moet word sodat duisende mense deur die medikasie gered kan word. Dit het vir ons gehelp so waarom nie vir ander mense nie!

Dankie Oxygen julle het ons lewe gered!

Daniel Wynand.

REPORT: TRANSLATION

I, Daniel Wynand and my wife, Myrtle were also among the unlucky people who contracted the virus Covid-19. Because we are over fifty, we got pretty sick. Especially with severe headaches, chest pain, back and leg pain. We were very concerned especially about the death rate especially people over fifty and this put us under severe pressure and stress. Our neighbors then told us about the wonderful drugs that Oxygen provides to people with the virus free of charge. They provided us with the contact number and without hesitation phoned the number and without any questions or money, the people delivered the medication within an hour. We immediately started taking the medication and within a day we felt the difference to our bodies. No more leg, headache or chest. My anxiety disappeared completely so I could feel the mediation had the desired effect. We are so grateful to Oxygen for helping us to conquer the virus.

I would advise any person to use it, so I give the contact numbers to anyone who needs them so they can also be free of the virus.

My request is that it should be revealed to the country so that thousands of people can be saved by the medication. It helped us so why not for other people!

Thank you Oxygen you saved our lives! Daniel Wynand.

~~~~Patient Information~~~~



Staff Member: Gaironee Date: 11\05\2020

Full Name: Mytle wynand  
 Date of Birth: 11\04\1963  
 ID Number: \*6304110162088 Sex: Female  
 Date Tested: 7\05\2020 Result Date: 11\05\2020  
 Cell number: 083 644 7153  
 Address: 20 Glendale close Kraaifontein

**Corona Symptoms**

**Most common symptoms:**

Fever, Dry Cough, Tiredness

**Less common symptoms:**

Aches and Pains, Sore Throat, Conjunctivitis, Headache, A Rash on Skin  
 Loss of Taste or Smell, Diarrhoea, Discolouration of Fingers or Toes

**Serious symptoms:**

Difficulty Breathing or Shortness of Chest Pain or Pressure,  
 Loss of Speech or Movement

Other: Legs felt weak

Day \_\_\_\_ of VC: 11\05\2020 Amount a 1 three times a day  
 Day \_\_\_\_ of MO: 11\05\2020 Amount a 3 capsules three times a day  
 Day \_\_\_\_ of HH: 11\05\2020 Amount a 2 capsules once a day

OP Symptoms:

Other:

**Patient Feedback** Chest not so tight Feeling abit better

2nd Day smelling and taste came back

3rd Day legs much stronger not paining ,chest and back is not paining anymore

**Office Feedback:**

**Other:**

Good day. Report: Friday, 15 May 2020

Day 1: shortness of breath, headache, pain - back and legs, tiredness

Day 2: breathing better, no pain in legs, slight head ache - felt better

Day 3: no breathing problems, headache better, still experiencing back pain, tiredness

Day 4: no headache, slight back pain

Day 5: HEALTHY

THANKS TO OXYGEN PRODUCTS♡♡♡ (Myrtle Wynand)

~~~~Patient Information~~~~



**Staff Member:** Gaironeesha

**Date:** 11\05\2020

**Full Name:** Daniel Wynand

**Date of Birth:** 09\02\1964

**ID Number:** \*6402095149086

**Sex:** Male **F**

**Date Tested:** 14\05\2020

**Result Date:** \_\_\_\_\_

**Corona Symptoms**

**Most common symptoms:**

Fever, **Dry Cough**, Tiredness

**Less common symptoms:**

**Aches and Pains**, Sore Throat, Conjunctivitis, **Headache** A Rash on Skin

Loss of Taste or Smell, Diarrhoea,

**Serious symptoms:** Discolouration of Fingers or Toes

Difficulty Breathing or Shortness of Chest Pain or Pressure,

Loss of Speech or Movement

**Other:**

Day \_\_\_\_ of VC: 15\05\2020 Amount a 1 three times a day

Day \_\_\_\_ of MO: 15\05\2020 Amount a three capsules three times a day

Day \_\_\_\_ of HH: 15\05\2020 Amount a 2 capsules once a day

OP Symptoms: Headaches, Diarrhoea, \_\_\_\_\_

Other: \_\_\_\_\_

**Patient Feedback:** Day 1; cough ,headache pain and back and legs

\_\_\_\_\_ Day 2; still coughing ,still have headaches and pain in legs felt better

\_\_\_\_\_ Day 3 headache is better ,still experience back pain and slight cough

\_\_\_\_\_ Day 4 ;slight headache and back pain

\_\_\_\_\_ Day 5; slight headache

\_\_\_\_\_ Day 6 healthy

**Office Feedback:** Mr Wynand had symptoms a few days after his wife

**Other:**

Report: Daniel Wynand: Friday, 15 May 2020

Day 1: cough, headache, pain - back and legs

Day 2: still coughing, headache, pain in legs, - felt better

Day 3: headache better, still experiencing back pain, cough

Day 4: slight headache, slight back pain

Day 5: headache

Day 6: HEALTHY

THANKS TO OXYGEN PRODUCTS ♡♡♡ (Daniel Wynand)



~~~~Patient Information~~~~

**Staff Member:** Gaironeesha **Date:** 21\05\2020  
**Full Name:** Dean Wynand  
**Date of Birth:** 1992/02/19 **Sex:** Male F  
**ID Number:** \*9202195074086 Age 28yrs  
**Date Tested:** **Result Date:** \_\_\_\_\_  
**cell number** 083 707 8295  
**Address** 20 Glendale close Kraaifontein  
**Referred** mom Myrtle Wynand collected  
**OP Delivery Date** 21\05\2020

**Corona Symptoms**

**Most common symptoms:** Tiredness  
 Fever, Dry Cough, Conjunctivitis, Headache  
**Less common symptoms:** Sore Throat, A Rash or Discolouration of Fingers or Toes  
 Aches and Pains, Diarrhoea,  
 Loss of Taste or Smell,  
**Serious symptoms:** Chest Pain or Pressure,  
 Difficulty Breathing or Shortness of Breath,  
 Loss of Speech or Movement

**Other:**

Amount a \_\_\_\_\_  
 Day \_\_\_\_ of VC: Amount a \_\_\_\_\_  
 Day \_\_\_\_ of MO: 20\05\2020 Amount and Frequency: 3 capsules 3 times per day  
 Day \_\_\_\_ of HH: 20\05\2020 Amount and Frequency: 2 capsules once per day  
 OP Symptoms:  
 Other: block nose \No taste

**Patient Feedback:**

Day1- The symptoms I experienced was that I had a blocked nose, burning feeling in my nose causing a slight headache but the biggest I had was that I lost my sense for smell and taste. I started using the oxygen energy capsule Thursday 21 May 2020. Day2-22 May 2020- I had experience that after I started using the capsule my nose started opening up and the burning feeling was much better but the slight headache was stil present. Day3 23 May 2020- The slight headache was gone the burning feeling in my nose was gone I felt much better I had no body pains the heart health capsules also helped alot I had no body pains. Day4 24May 2020- I woke up the morning and I could finally taste my coffee again and I could smell these oxygen energy tablets helped me alot today I am healthy eating as normal doing my mechanical work as normal and sleeping much better I am still using it and it's the 28th May 2020 THANK YOU OXYGEN ENERGY AND GAIRONEESHA YOU GUYS HELPED ME SOO MUCH IN THIS TIME I HAD THE COVID 19 ONCE AGAIN THANK YOU SOO MUCH(Dean Wynand)



~~~~Patient Information~~~~

|                                  |                                |                         |                        |
|----------------------------------|--------------------------------|-------------------------|------------------------|
| <b>Staff Member:</b> Gaironeesha |                                | <b>Date:</b> 21\05\2020 |                        |
| <b>Full Name:</b>                | Danelle Wynand                 |                         |                        |
| <b>Date of Birth:</b>            | #####                          | <b>Sex:</b>             | <b>M</b> <b>Female</b> |
| <b>ID Number:</b>                | *9407270109083                 |                         |                        |
| <b>Date Tested:</b>              | _____                          |                         |                        |
| <b>cell number</b>               | 083 576 1153                   |                         |                        |
| <b>Adress</b>                    | 20 Glendale close Kraaifontein |                         |                        |
| <b>Referred</b>                  | MOM                            |                         |                        |

**Corona Symptoms**

|                                              |                                         |                             |                        |
|----------------------------------------------|-----------------------------------------|-----------------------------|------------------------|
| <b>Most common symptoms:</b>                 | Tiredness                               |                             |                        |
| Fever,                                       | Dry Cough,                              | Conjunctivitis,             |                        |
| <b>Less common symptoms:</b>                 | A Rash or Discolouration of Fi Headache |                             |                        |
| Aches and Pains,                             | Sore Throat,                            | Diarrhoea,                  | block throat tiredness |
| Loss of Taste or Smell,                      | Chest Pain or Pressure,                 | headache                    |                        |
| <b>Serious symptoms:</b>                     |                                         |                             |                        |
| Difficulty Breathing or Shortness of Breath, |                                         |                             |                        |
| Loss of Speech or Movement                   |                                         |                             |                        |
| <b>Other:</b>                                | Nothing                                 | Amount a _____              |                        |
|                                              |                                         | Amount a _____              |                        |
| Day _____ of VC:                             |                                         | Amount a _____              |                        |
| Day _____ of MO:                             | 20\05\2020                              | Amount a 3 capsules per day |                        |
| Day _____ of HH:                             | 20\05\2020                              | Amount a 2 capsules once    |                        |
| <b>OP Symptoms:</b>                          | Headaches, Diarrhoea, _____             |                             |                        |
| <b>Other:</b>                                | _____                                   |                             |                        |

**Patient Feedback:** headache ,block nose ,and irretation in the throat

22\05\2020 No block nose last night and this morning the taste and smell is back

slept most of the day y DAY 2 she felt better she don't have headaches was not so bad

taste came back still tired during the day

DAY 3;felt her normal self

**Office Feedback:** \_\_\_\_\_

\_\_\_\_\_

**Other:** My healthy journey with Oxygen Products. Day one : I had a blocked nose and headache. I lost my sense of smell and taste. I had Diarrhea aswell. I was tired and slept most of the day. At night I couldn't sleep because of my blocked nose and headache. I started taking my Oxygen Products. Day two : I felt much better the second day. I didn't have a block nose and my headaches were bearable. I could taste some fruit like lemons, naartjies and oranges. I was still tired during the day. I could sleep better at night because I had no blocked nose. Day three : I felt great. I woke up with no headache and I could smell and taste all my food. I don't sleep so much anymore. I have a lot of energy and feel healthy. It took me just three days to feel better and healthy. Thanks to the Oxygen Products (Danelle Wynand).

# Patient 11 – Jessie Mellen




|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                         |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|-----------------------------------|
| <b>~~~~Patient Information~~~~</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                         |                                   |
| <b>Staff Member:</b> Gaironeesha                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | <b>Date:</b> 19\05\2020 |                                   |
| <b>Full Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jesse Mellen                     |                         |                                   |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14\12\1991                       |                         |                                   |
| <b>ID Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | *9112140022082                   | <b>Sex:</b>             | <b>M</b> <b>Female</b>            |
| <b>Date Tested:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                            |                         | <b>Result Date:</b> _____         |
| <b>cell number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | 071 139 7848                     | <b>Age</b>              | 28yrs                             |
| <b>Adress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16 Kensington road ,matland 7405 |                         |                                   |
| <b>Corona Symptoms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                         |                                   |
| <b>Most common symptoms:</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Tiredness                        |                         |                                   |
| Fever,                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dry Cough,                       |                         |                                   |
| <b>Less common symptoms:</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | A Rash o                         | Conjunctivitis,         |                                   |
| Aches and Pains,                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sore Throat,                     | Headache                | Discolouration of Fingers or Toes |
| Loss of Taste or Smell,                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | Chest Pain or Pressure, | Diarrhoea                         |
| <b>Serious symptoms:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                         |                                   |
| Difficulty Breathing or Shortness of Breath,                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                         |                                   |
| Loss of Speech or Movement                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                         |                                   |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | Asthmatic                        |                         |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount a _____                   |                         |                                   |
| Day ____ of VC:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount a _____                   |                         |                                   |
| Day ____ of MO:                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20\05\2020 Amount and Frequency: |                         |                                   |
| Day ____ of HH:                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                            |                         |                                   |
| <b>OP Symptoms:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | Headaches, Diarrhoea, _____      |                         |                                   |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                            |                         |                                   |
| <b>Patient Feedback:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                         |                                   |
| <p>OK so I've been on the oxygen therapy for about 2weeks now. I was tested positive for covid-19. My symptoms became very severe as I was struggling to breath, even speaking was hard because it took up energy. I was so weak . In all honesty I felt major difference in myself within about 3 days of using it. My energy levels started to come Back, my chest opened up, I was able to breathe normally again. It saved my life. (Jesse Mellen)</p> |                                  |                         |                                   |





## Patient 14 - Amanda Bezuidenhout

|                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                          |  |                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|
|                                                                                                                                                                                                                                                                                          |  | <br><b>Oxygen Products</b><br><small>Nature's Source of Healing</small> |  |                                    |  |
| <b>-----Patient Information-----</b>                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  |                                    |  |
|                                                                                                                                                                                                                                                                                          |  | <b>Staff Member:</b> Gaironeesha                                                                                                                         |  | <b>Date:</b> _____                 |  |
| <b>Full Name:</b>                                                                                                                                                                                                                                                                        |  | Amanda Bezuidenhout                                                                                                                                      |  |                                    |  |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                    |  | 10\02\71                                                                                                                                                 |  | <b>Sex:</b> <b>M</b> <b>Female</b> |  |
| <b>ID Number:</b>                                                                                                                                                                                                                                                                        |  | *7102100202081                                                                                                                                           |  |                                    |  |
| <b>Date Tested:</b>                                                                                                                                                                                                                                                                      |  | _____                                                                                                                                                    |  | <b>Result Date:</b>                |  |
| <b>Adress</b>                                                                                                                                                                                                                                                                            |  | 10 Breesand street                                                                                                                                       |  |                                    |  |
| <b>cell number</b>                                                                                                                                                                                                                                                                       |  | 078 658 0540                                                                                                                                             |  |                                    |  |
| <b>Corona Symptoms</b>                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                    |  |
| <b>Most common symptoms:</b>                                                                                                                                                                                                                                                             |  |                                                                                                                                                          |  |                                    |  |
| Fever, Dry Cough,                                                                                                                                                                                                                                                                        |  | Tiredness                                                                                                                                                |  |                                    |  |
| <b>Less common symptoms:</b>                                                                                                                                                                                                                                                             |  | Conjunctivitis,                                                                                                                                          |  |                                    |  |
| Aches and Pains,                                                                                                                                                                                                                                                                         |  | A Rash o Discolouration of Fingers or Toes                                                                                                               |  | Headache Sore Throat,              |  |
| Loss of Taste or Smell,                                                                                                                                                                                                                                                                  |  | Diarrhoea,                                                                                                                                               |  |                                    |  |
| <b>Serious symptoms:</b>                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  |                                    |  |
| Difficulty Breathing or Shortness o                                                                                                                                                                                                                                                      |  | Chest Pain or Pressure,                                                                                                                                  |  |                                    |  |
| Loss of Speech or Movement                                                                                                                                                                                                                                                               |  |                                                                                                                                                          |  |                                    |  |
| <b>Other:</b>                                                                                                                                                                                                                                                                            |  |                                                                                                                                                          |  |                                    |  |
| _____                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                    |  |
| Day ____ of VC:                                                                                                                                                                                                                                                                          |  | Amount a _____                                                                                                                                           |  |                                    |  |
| Day ____ of MO:                                                                                                                                                                                                                                                                          |  | 20\05\2020 Amount a 3 capsules 3 times a day                                                                                                             |  |                                    |  |
| Day ____ of HH:                                                                                                                                                                                                                                                                          |  | 20\05\2020 Amount and Frequency: 2 times a day                                                                                                           |  |                                    |  |
| <b>OP Symptoms:</b>                                                                                                                                                                                                                                                                      |  | Headaches, Diarrhoea, _____                                                                                                                              |  |                                    |  |
| <b>Other:</b>                                                                                                                                                                                                                                                                            |  |                                                                                                                                                          |  |                                    |  |
| _____                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                    |  |
| <b>Patient Feedback:</b>                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  |                                    |  |
| 21\05\2020 sinus ,phlem and headache                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  |                                    |  |
| 22\05\2020 sinus is gone and headache is gone,no phlem and l block nose                                                                                                                                                                                                                  |  |                                                                                                                                                          |  |                                    |  |
| 26\05\2020 feeling great                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  |                                    |  |
| <b>Office Feedback:</b>                                                                                                                                                                                                                                                                  |  |                                                                                                                                                          |  |                                    |  |
| She was in contact with 3 patients ,4 of the colleagues was also tested positive                                                                                                                                                                                                         |  |                                                                                                                                                          |  |                                    |  |
| _____                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                    |  |
| _____                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                    |  |
| <b>Other:</b>                                                                                                                                                                                                                                                                            |  |                                                                                                                                                          |  |                                    |  |
| [15:41, 5/28/2020] Amanda Covid 19: Im amanda bezuidenhout 49years old was diagnose on.the 19may with corona virus ,l gad syptoms of sinus.body ache nd n slight sore throat..Day 1sinus flemish nd slight pain on my right lower back ..Day 2sore throat was a bit gone nd less flemish |  |                                                                                                                                                          |  |                                    |  |
| [15:45, 5/28/2020] Amanda Covid 19: Day 3pain on..right lower back were gone nd sinus did clear.up.more ...today day 9 feel my self again sinus is gone body ache is gone feel breathing is fine skin couler looks also different thanks for introducing me to mega Oxegen ☺             |  |                                                                                                                                                          |  |                                    |  |
| [15:45, 5/28/2020] Amanda Covid 19: God bless 🙏 (Amanda Bezuidenhout)                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                    |  |

## Patients 15 - Selwyn Oranzie

**From:** -- Info @ Oxygen Products (PTY) LTD -- <[info@oxygenproducts.org](mailto:info@oxygenproducts.org)>

**Sent:** Friday, 15 May 2020 11:06 AM


**Subject:** Testimonial of Mr Oranzie

Hi Venetia.

Both my son and I endorse this products as it assisted us with coping with COVID19 and alleviated



## Dilan Scott – Patient 16

|                                                                                    |                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |                                                                                                                                                                                                                                    |
| <b>~~~~Patient Information~~~~</b>                                                 |                                                                                                                                                                                                                                    |
| <b>Staff Member:</b>                                                               | Gaironeesha                                                                                                                                                                                                                        |
| <b>Date:</b>                                                                       | 11/05/2020                                                                                                                                                                                                                         |
| <b>Full Name:</b>                                                                  | Dilan Scott                                                                                                                                                                                                                        |
| <b>Date of Birth:</b>                                                              | 24/07/2000                                                                                                                                                                                                                         |
| <b>ID Number:</b>                                                                  | 7245019083                                                                                                                                                                                                                         |
| <b>Sex:</b>                                                                        | <b>Male</b> <b>F</b>                                                                                                                                                                                                               |
| <b>Date Tested:</b>                                                                | 15/05/2020                                                                                                                                                                                                                         |
| <b>Result Date:</b>                                                                | 16/05/2020                                                                                                                                                                                                                         |
| <b>cell number</b>                                                                 | 076 977 0956                                                                                                                                                                                                                       |
| <b>Age</b>                                                                         | ;19 yrs                                                                                                                                                                                                                            |
| <b>Adress</b>                                                                      | 4 Saaaiman Avenue Hillcrest                                                                                                                                                                                                        |
| <b>Corona Symptoms</b>                                                             |                                                                                                                                                                                                                                    |
| <b>Most common symptoms:</b>                                                       |                                                                                                                                                                                                                                    |
| Fever,                                                                             | Dry Cough,      Tiredness                                                                                                                                                                                                          |
| <b>Less common symptoms:</b>                                                       |                                                                                                                                                                                                                                    |
| Aches and Pains,                                                                   | Sore Throat,      Conjunctivitis, <b>Headache</b> A Rash on Skin                                                                                                                                                                   |
| Loss of Taste or Smell,                                                            | Diarrhoea,      Discolouration of Fingers or Toes                                                                                                                                                                                  |
| <b>Serious symptoms:</b>                                                           |                                                                                                                                                                                                                                    |
| Difficulty Breathing or Shortness of Breath,                                       | Chest Pain or Pressure,                                                                                                                                                                                                            |
| Loss of Speech or Movement                                                         |                                                                                                                                                                                                                                    |
| <b>Other:</b>                                                                      | _____                                                                                                                                                                                                                              |
| Day ____ of VC:                                                                    | 11/05/2020      Amount a 1 capsules three times a day                                                                                                                                                                              |
| Day ____ of MO:                                                                    | 11/05/2020      Amount a 3 capsules three times a day                                                                                                                                                                              |
| Day ____ of HH:                                                                    | 11/05/2020      Amount a 2 capsules once a day                                                                                                                                                                                     |
| OP Symptoms:                                                                       | Headaches,      Diarrhoea,      _____                                                                                                                                                                                              |
| <b>Other:</b>                                                                      | _____                                                                                                                                                                                                                              |
| <b>Patient Feedback:</b>                                                           | Feeling much better, got a slight headache.                                                                                                                                                                                        |
|                                                                                    | _____ Day 2; headache is completely gone                                                                                                                                                                                           |
|                                                                                    | _____                                                                                                                                                                                                                              |
| <b>Office Feedback:</b>                                                            | Father was worried about his underlining lung condition                                                                                                                                                                            |
|                                                                                    | _____ Didn't say much lost his mom due to COVID 19                                                                                                                                                                                 |
|                                                                                    | _____ Father and son is both emotional                                                                                                                                                                                             |
| <b>Other:</b>                                                                      | Both my son and I endorse this products as it assisted us with coping with COVID19 and alleviated the effects of the virus and led us to a better health condition way above our expectations. (Mr Selwyn Oranzie and Dilan Scott) |