

**DISCLOSURE STATEMENT**

**STEM CELL THERAPY APPLICATION FORM**

Because the Adult Stem Cell Therapy is within the scope of practice of Medicine but not necessarily the "standard of care", the following important disclosures are made:

\*The treatment described on our list have not been evaluated nor have yet been approved by the FDA.

\*Although Adult Stem Cell Therapy is not necessarily the "standard of care", it is definitively under the scope of Practice of Medicine

\*The science of treatment with Adult Stem Cells is in its early stage and for most diseases or medical conditions no prospective, randomized clinical trials nor long-term studies have yet been completed; therefore no guarantee of safety or effectiveness is made or implied.

\* Treatments by licensed medical doctors will be performed after the patient understands and agrees to this disclosure and signs a standard informed consent .

\*The results of testimonials of people mentioned on our website who have undergone Stem Cell treatment may not be necessarily typical.

\*Upon this disclosure and medical history form have been received back in our office, you will be contacted within the following two working days for a personal evaluation with a physician , either in person or by web-cam if you live out of town.

To access and fill out the enclosed application and medical form you must first agree that you have read and understand all the statements above.

**NEED MORE INFORMATION FIRST?** Please, call

I have read and understand all the statements above.

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Applicant's signature/Date