



Real beauty is felt and noticed when
you take care of your health

**WE ARE TRAINED, UP-TO-DATE,
LICENSED, AND EXPERIENCED.**

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 206-460-9067

Date: _____

Full Name: _____

Date of Birth: _____ Age: _____ Sex: **F** ☐ **M** ☐

Address: _____

City: _____ Tel.: _____

E-mail: _____

INFORMED CONSENT MESENCHYMAL STEM CELLS

Among all the classifications of cells that exist in the human body, mesenchymal stem cells are characterized by being the only ones that have the ability to repair, or provide the body with new cells of any type, according to its needs, keeping us healthy and preventing premature aging.

GREAT BENEFITS IN

- * Diabetes.
- * Rheumatoid Arthritis.
- * Paralysis, Alzheimer, Parkinson, etc.
- * Lung Damage, Pneumonia, Asthma, etc.
- * Covid, Post-Covid, and Sequelae.
- * Tiredness and Chronic Fatigue.
- * Fibromyalgia, Lupus, Lyme, etc.
- * Kidney Damage and Fatty Liver.
- * Heart Damage and High Blood Pressure.
- * Joint Damage (Bones).
- * Cartilage Wear.
- * Crohn's Disease

TREAT A DISEASE OR CONDITION:

To REGENERATE and REPAIR all types of Organs, Tissues, and Bones in diseases:

- Chronic Degenerative.
- Neurological.
- Autoimmune.
- Joint-related.

FACIAL AESTHETICS Anti-Aging and Hair.

This treatment is carried out together in Duo with Platelet-Rich Plasma for the face, hair,

joints, knee infiltration, sciatic nerve.

How is stem cell treatment applied?

* The sessions are at least twice a year, at most once a month for a year.

* All of this depends on the diseases to be countered because the higher the number of sessions, the continuous improvement of multiplying and dividing the cells occurs, and the chroma undergoes the process of cell reproduction on a million-fold scale; this is an alkacerzer effect.

* It enters the vascular system and immediately rises in bursts of cellular energy. And to reinforce it, it is applied intravenously, with the purpose of reinforcing and immediately causing a cellular explosion, reviving the telomeres, prolonging cellular life.

Imagine that you have already used up the cartridges of your cellular life, you reinforce and live with your great triumph by applying your new and wonderful cells!!.

However, there are some cases in which its application may not be the most appropriate, such as in patients with Progressive Osseous Heteroplasia, where the cells may be prone to mutations. In addition, the application of cell therapy in some specific diseases may not guarantee a cure, but may delay the progression of the disease.

CLARIFICATIONS

-There is no money-back guarantee when: the effect of the treatment is adequate, but it is not to the patient's liking; as the amount corresponds to the costs generated by the proper application of the treatment, care by qualified personnel, and the guarantee of using quality products (endorsed for this use).

Also in cases where the patient does not allow photos to be taken before application and for control; taking into account that in this case the only way to verify the result is by comparing the photographs taken before the application.

The practice of medicine and surgery is not an exact science and although good results are expected, there is no explicit or implicit guarantee regarding the results that may be obtained. Infrequently, additional treatment is needed to improve the results.

I have understood the nature of the procedure that has been successfully explained to me by the professional, and I understand that if I withhold relevant information about my health condition and/or previous procedures performed, which could influence the results, unexpected side effects could occur. I sign this document understanding everything described in it, agreeing with it, authorizing the performance of the procedure, and being clear that if any of the possible risks mentioned occur, they are not attributed to professional malpractice, but to the inherent nature of the procedure.

CONSENT DECLARATION

I have received clear and simple information, both orally and in writing, about the procedure, and Mariana Bowers has explained the process to me satisfactorily.

She has informed me of possible and remote risks, as well as the risks in relation to my personal circumstances.



Use the products offered at FOREVER YOUNG LUXE SPA

I have received answers to all my questions. I have understood everything previously explained and that the decision I make is free and voluntary, as well as that I can withdraw my consent whenever I wish.

I also acknowledge, accept, and expressly declare that in any case and by virtue of the nature of the service provided, Mariana Bowers' obligation, the development of the procedures established in this treatment plan, consultation, guidance, requested by me or offered in any capacity, will always be based on means and not on results.

In any case, I declare that the information provided by me for the purposes of the medical history is true. I understand and accept the civil and criminal responsibility that applies to me for omission or incorrect statement regarding my actual health condition.

I agree to allow my images before and after each procedure to be used on the social media of Forever Young Luxe Spa.

-I accept that if I do not attend my appointment without having canceled at least 24 hours in advance, my appointment will be recorded as attended.

To undergo the treatment and for it to achieve the desired results, you must present the test results to Mariana Bowers:

- *General blood analysis with platelets,
- *Blood test to detect HIV, syphilis, and hepatitis B and C,
- *Lipid Panel Test,
- *STD/HIV Test,
- *Regular Blood Test,
- *Urine Test
- * The maximum validity period for the test results is 3 months

PATIENT'S SIGNATURE

PROFESSIONAL SIGNATURE
AND SEAL

[illegible]

WORTH

Recommended sessions

Recommended treatments to take at home

[illegible]