



ENHANCED WELLNESS *of* NEW MEXICO

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INFORMED CONSENT *for* BIOLOGICAL ALLOGRAFTS PROCEDURE

I understand that the procedure I am consenting to today is considered to be experimental. I understand these procedures have been used with much success in this and our affiliate offices across the country.

I have been informed that Biological Allograft is human tissue that has been donated and derived from human placentas. This tissue is meant to engage my own dormant stem cells causing a dedifferentiation of my own cells necessary to repair damaged tissue.

I have been informed that the lab where the product originates is FDA approved to harvest tissue in a manner consistent with all FDA regulations pertaining to **any** tissue that is meant to be transplanted into another person. In other words, the biologic allograft I am receiving today has undergone the same levels of testing & quality control required for any organ that would be viable for human transplant.

I further submit that no guarantees have been made to me about the effectiveness of this or any other treatment and that all possible risks and benefits have been made clear to me.

I have been informed that the procedure also uses a B vitamin and Amino Acid formulation and that Procaine will be used as a numbing agent prior to injection with the Allograft.

I hereby state that I have no known allergy or reaction to any of the ingredients listed above.

I hereby waive all rights to make claim against Dr. Jan Jay or Dr. Joseph Jaros, their staff or facility.

Patient Name (please print):

Patient or Guardian Signature: Date: