



ENHANCED WELLNESS *of* NEW MEXICO

DR. JAN C. JAY, DOM | DR. JOSEPH A. JAROS, MD

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INFORMED CONSENT for BIOLOGICAL ALLOGRAFT PROCEDURE

- ☐ I understand the procedure I am consenting to today is considered to be experimental; and that these procedures have been used with much success by Drs. Jay and Jaros, and in healthcare clinics across the country
- ☐ I have been informed that cellular isolates human are derived from donor screened human birth 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 cellular isolates I am receiving today have 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 offered by Enhanced Wellness, 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 cellular isolates.
- ☐ 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 C. Jay or Dr. Joseph A. Jaros, their staff or facility.

Patient Name (please print):

Patient or Guardian Signature: Date: