

Letter of Consent

To: Azabu Central Clinic

1. Before starting treatment with the culture supernatant, I received an explanation from my doctor based on the attached documents "*Explanation for those considering treatment with culture supernatant of human somatic mesenchymal stem cells (StemSup)*" and "*Explanation on culture supernatant of immortalized human dental pulp stem cells (Ims cell)*" (collectively, the "Documents").

☐ Yes ☐ No

2. I understand the details, precautions, side effects, and risks of the culture supernatant treatment I am about to receive.

☐ Yes ☐ No

3. I understand that the costs of treatment with culture supernatant are as stated in the Documents.

☐ Yes ☐ No

4. I understand that I can withdraw this consent at any time, even after signing the consent form, and that I will not be disadvantaged for choosing not to undergo treatment.

☐ Yes ☐ No

5. I understand that the results of my treatment may be published in academic presentations and/or academic papers, with my name and other personal information withheld. I agree to this publication; provided that my personal information and other privacy-related information are appropriately managed.

☐ Yes ☐ No

[Patient signature section]

I have been fully informed of the above details regarding this treatment. I understand the details of the treatment and that it is a self-funded medical treatment, and I agree to receive it. I will receive the Documents and a copy of this Letter of Consent.

Date of Consent: _____, ____ [Month DD, YYYY]

Patient Name: _____ (Autograph)

[Signature of doctor in charge]

I have fully explained the treatment to the patient and obtained his/her consent.

Explanation Date: _____, ____ [Month DD, YYYY]

Name of Doctor: _____ (Autograph)