

Letter of ~~consent~~Consent

To: ~~Azabu Central Clinic~~

1. ~~When I started~~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 StemSup, a culture supernatant of human interstitialsomatic mesenchymal stem cells (StemSup)~~" and "~~Explanation of on culture supernatant of immortalized human dental pulp stem cells (ImS cells)~~" (hereinafter referred to as ~~cell~~)" (collectively, the "~~explanation 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 ~~instructions~~Documents.

☐ Yes ☐ No

4. I understand that I can ~~revoke~~withdraw this consent at any time, even after signing the consent form, and that I will not ~~suffer any disadvantage~~be disadvantaged for choosing not ~~receiving~~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-~~paid~~funded medical treatment, and I agree to receive ~~this treatment~~;it, I will receive an ~~explanation~~the Documents, and a copy of this ~~consent form~~Letter of Consent.

Date of ~~consent~~: Year/Consent: , [Month/Day DD, YYYY]

Patient name: SignatureName: (Autograph)

[Signature of ~~attending physician~~doctor in charge]

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

Explanation date: Year/Date: , [Month/Day DD, YYYY]

Name of ~~presenter~~: SignatureDoctor: (Autograph)

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