



## Prescriptions & Supplements for Elisabeth Kelly,

7/9/2020 3:22:26 PM

### Prescriptions - Pharmacy

| Drug   | Sig   | Disp | Date      | Notes        |
|--|---|------|-----------|--------------|
| Estradiol 2 mg/ Estriol 8 mg per cc in versabase | apply 0.5cc (5 little lines) to face, neck, or inner bicep region every morning           | 45   | 6/26/2020 | Para 3cc syr |
| Progesterone 200mg/cc in versabase               | apply 0.5cc (5 little lines via 3cc syringe) to face, neck, or inner biceps every evening | 45   | 6/26/2020 | Para 3cc syr |
| Testosterone 4 mg/cc in versabase                | apply 0.5cc (5 little lines via 3cc syringe) behind knees each morning                    | 45   | 6/26/2020 | Para 3cc syr |

### Supplements - Longevity

| Drug                           | Sig  | Disp | Date      | Notes | Autoship |
|--------------------------------|--|------|-----------|-------|----------|
| 1 patient takes on own         | Multivitamin; Turmeric 1,000mg 2x/day; fish oil 2,000mg 2x/day; Calcium 1200mg; Collagen 2,000mg; Resveratrol 75mg; CoQ10 300mg; Probiotic 1/day; Magnesium 400mg every other day; B Complex; Biotin 5mg |      | 7/1/2020  |       | No       |
| LMC DHEA 10mg, 60 caps         | take 1 capsule each morning to balance hormones  |      | 6/26/2020 |       | No       |
| LMC Pregnenolone 20mg, 60 caps | take one capsule every evening to balance hormones. take in the morning instead if it seems stimulating.   |      | 6/26/2020 |       | No       |
| Vitamin D3                     | take 10,000 IU daily until next Vit D blood test   |      | 6/26/2020 |       | No       |



LONGEVITY

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## STATEMENT OF RELEASE LIABILITY

I, Elisabeth Kelly understand that I am beginning a program that is unconventional. I have been given a copy of the Federal Food and Drug administration's approved package inserts for each of the prescription drugs used in the program. I have read the possible adverse effects listed in these documents. I have discussed the risks with the doctor, and accept such risks freely. I agree to release the Longevity Medical Clinic, its owners and employees from any and all liability arising out of my treatment in this clinic. I freely accept all risks associated with this treatment. I hold the above entities totally harmless for any and all adverse effects arising from my treatments. This release shall be binding on my heirs, assigns and myself. I also verify the above statements are true.

[Signature]  
\_\_\_\_\_  
Patient Signature  
[Signature]  
\_\_\_\_\_  
Patient Printed Name  
Elisabeth Kelly  
\_\_\_\_\_  
Date  
7/10/2020

[Signature]  
\_\_\_\_\_  
LMC Representative Signature  
Veronica McGinnis  
\_\_\_\_\_  
LMC Representative Printed Name  
\_\_\_\_\_  
Date