



## Prescriptions & Supplements for Maria Bonesteel,

7/7/2020 2:21:08 PM

### Prescriptions - Pharmacy

Drug	Sig	Disp	Date	Notes
1 PCP prescriptions	aspirin 81mg; losartan 50mg; escitalopram 20mg; Restasis		5/29/2020	
Estradiol 2 mg/ Estriol 8 mg per cc in versabase	apply 0.5cc (5 lines via 3cc syringe) to face, neck, or inner bicep region each morning	45	6/3/2020	PARA 3cc syr
Progesterone 200mg/cc in versabase	apply 0.5cc (5 little lines via 3cc syringe) to face, neck every evening before bed	45	6/3/2020	Para 3cc syr
Testosterone 4 mg/cc in versabase	apply 0.4cc (4 little lines via 3cc syringe) behind knees each morning	36	6/3/2020	Para 3cc syr

### Supplements - Longevity

Drug	Sig	Disp	Date	Notes	Autoship
LMC B (Optimal Vitamin), 120 caps	take 1 twice daily		5/29/2020		No
LMC D 5000 IU, 120 softgels	take 10,000 IU daily until next Vit D blood test		5/29/2020		No
LMC Essentials, Longevity, 60 packets	take 1 packet 1-2x per day. may wait until running out of current multivitamin.		5/29/2020		No
LMC Relief Factor	take 1 packet 2x per day to reduce inflammation. also benefits brain, liver, cardiovascular health. May hold off and initiate after finishing current fish oil and turmeric supplements.		6/3/2020		No
Ther-biotic Complete 60s (Prothera)	take 1 capsule 2x per day for numerous aspects of health		5/29/2020		No

# LONGEVITY

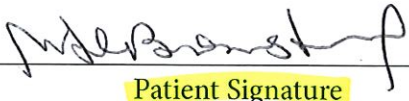



# MEDICAL CLINIC™

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## STATEMENT OF RELEASE LIABILITY

I, Mania D. Bonisteel 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.

  
Patient Signature  
Mania D. Bonisteel  
Patient Printed Name  
July 8th 2020  
Date

  
LMC Representative Signature  
Veronica McGinnis  
LMC Representative Printed Name  
7-8-2020  
Date