



Prescriptions & Supplements for Emily Wayman,



6/9/2020 8:19:08 AM

Prescriptions - Pharmacy

Drug	Sig	Disp	Date	Notes
1 PCP prescriptions	Armour thyroid 45mg; Cholestine 2 caps 2x/day and Carditone 1 cap 2x/day Rx by Dr. Maiden		6/2/2020	X EW
Estradiol 2 mg/ Estriol 8 mg per cc in versabase	apply 0.5cc (5 little lines via 3cc syringe) to face, neck, or inner bicep region each morning	45	5/29/2020	PARA 3cc syr X EW
Progesterone 200mg/cc in versabase	apply 0.5cc (5 little lines via 3cc syringe) to face, neck, or inner bicep region every evening before bed	45	5/29/2020	PARA 3cc syr X EW
Testosterone 4 mg/cc in versabase	apply 0.4cc (5 little lines via 3cc syringe) behind knees each morning and wash off every evening	36	5/29/2020	PARA 3cc syr X EW

Supplements - Longevity

Drug	Sig	Disp	Date	Notes	Autoship
1 Prescribed nutraceuticals (by outside practitioner)	Lithium 5mg/day; Evolv - Balance; Evolv - Immun; Total VR-X; Artemisinin Complex; Standard Process Beta Food AF and SP Cholesterol		6/2/2020	X EW	No
LMC Berberine (Optimal) 500 mg 60s	start with 1 per day and may increase to twice daily to balance digestive flora		6/2/2020	X EW	No
LMC DHEA 10mg, 60 caps	take 1 each morning to balance hormones		6/2/2020	X EW	No
LMC Muscle Relief, 120 caps	1 capsule 2x/day and may increase to bowel tolerance		6/2/2020	X EW	Yes
LMC Pregnenolone 20mg, 60 caps	take 1 every evening to balance hormones		6/2/2020	X EW	No
LMC Relief Factor	1 packet 2x/day		6/2/2020	X EW	Yes

LMC Stress Guard, 120	take 2 capsules before bed to help with sleep. May take additional 2 capsules if waking during the night. May take 2 capsules during the day for stress/anxiety. Up to 6 caps/day total		6/2/2020		No
Ther-biotic Complete 60s (Prothera)	take 1 capsule 2x per day for probiotics		6/2/2020		No

LONGEVITY



MEDICAL CLINIC™

Feel Younger · Live Better

STATEMENT OF RELEASE LIABILITY

I, Emily Way 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.

Emily Way
Patient Signature
EMILY WAYMAN
Patient Printed Name
6-9-20
Date

Christine L. Hayer
LMC Representative Signature
Christine L. Hayer
LMC Representative Printed Name
6/9/2020
Date