



Prescriptions & Supplements for Jeffrey Sellentin,



6/9/2020 8:13:27 AM

Prescriptions - Pharmacy

Drug	Sig	Disp	Date	Notes
1 PCP prescriptions	Venlafaxine 75mg		6/5/2020	X
Progesterone 200mg/cc in versabase	apply 0.5cc (5 little lines via 3cc syringe) to face, neck every evening before bed	45	6/5/2020	Para 3cc syr X
Testosterone 200 mg/cc in versabase	apply 0.5cc (5 little lines via 3cc syringe) to inner bicep region each morning and wash off every evening	45	6/5/2020	Para 3cc syr X

Supplements - Longevity

Drug	Sig	Disp	Date	Notes	Autoship
1 patient takes on own	B12; Magnolia bark; Creatine		6/5/2020	X	No
LMC B (Optimal Vitamin), 120 caps	take 1 twice daily for brain, mood, energy, immune system, and to reduce homocysteine		6/5/2020	X	No
LMC D 5000 IU, 120 softgels	take 10,000 IU daily until next Vit D blood test		6/5/2020	X	No
LMC DHEA 10mg, 60 caps	take 1 capsule each morning to balance hormones		6/5/2020	X	No
LMC Pregnenolone 20mg, 60 caps	take 1 capsule every evening to balance hormones		6/5/2020	X	No
LMC Red Yeast Rice w/CoQ10, 120 caps	take 1 twice daily to lower cholesterol		6/5/2020	X	No
LMC Relief Factor	take 1 packet twice daily for anti-inflammatory benefits as well as brain, liver, and cardiovascular health. May finish own turmeric and fish oil supplements before adding.		6/5/2020	X	No
Ther-biotic Complete 60s (Prothera)	take 1 twice daily for probiotics		6/5/2020	X	No

Vitamin C 1,000 mg	take 1,000mg twice daily for immune system and antioxidant benefits		6/5/2020			No
-----------------------	---	--	----------	---	---	----

LONGEVITY



MEDICAL CLINIC™

Feel Younger · Live Better

STATEMENT OF RELEASE LIABILITY

I, Jeffrey C. SELLANTIN 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
Jeffrey C. SELLANTIN
Patient Printed Name
6/9/2020
Date

[Signature]
LMC Representative Signature
Christine L. Payer
LMC Representative Printed Name
6/9/2020
Date