

LONGEVITY



MEDICAL CLINIC™

*Feel Younger · Live Better*

## LONGEVITY MEDICAL CLINIC INFORMED CONSENT

The Longevity Medical Clinic program is on the cutting edge of medical practice. Much of what we are doing is unorthodox. It is not considered "standard medical practice." If you are seeking a program that puts the latest in scientific research into play to improve your strength, energy, and well-being, you should continue reviewing this form. If you are seeking to stay within the "usual and customary standards of medical practice", this is probably not the program for you. There are many medical clinics that will be happy to help you with those more conventional services, but that is not the function of Longevity Medical Clinic.

The goal of therapy at Longevity Medical Clinic is to help you regain the strength, energy and mental acuity of your youth. The success or failure of this program will depend in large measure on how well you adhere to the principles and specific instructions that we provide. It will require you to change your diet, your activity level, your supplementation, and probably involve intervention with prescription medications.

The Longevity Medical Clinic program is constantly in a state of revision. As new peer review articles are published, as we observe the results that we obtain with our patient population, we constantly strive to improve what we do and how we do it. The advantage of this is that you will be receiving care based on the latest literature. The disadvantage is that long term data regarding outcomes will simply not be available for many of the therapies we employ. Since the physicians and staff at Longevity Medical Clinic are using these therapies on ourselves and our families, we obviously believe them to be safe and effective. However, due to the cutting edge nature of the therapies, no warranty of safety or effectiveness can be made.

## RELEASE OF LIABILITY

I understand that I am beginning a program that is unconventional. I have discussed my goals as well as the known risks and benefits with my physician. I accept all risks, both those currently known and those that will be discovered in the future, freely. I accept all associated risks and adverse effects that may arise from my treatment. I agree to release Longevity Medical Clinic, its owners and employees from any and all liability arising out of my treatment. This release shall be binding on my heirs, assigns, and myself.

Date 10-23-2019 Patient Name (please print) Robert M. O'Brien

Patient Signature