



## Mesenchymal (Umbilical Cell) Pre-Procedure Instructions

In preparation for your Regenerative procedure, there are a few instructions that are necessary:

1. **Exercise:** Avoid heavy lifting 1 day prior to procedure date.
2. **Diet and Fluid Intake:**
  - a. Increase fluid intake the day prior: approximately 1.5 gallons total is recommended.
  - b. Date of procedure: Intake approximately 24 ounces each meal (3 times this day).
  - c. Eat normally throughout this process.
  - d. Live a healthy lifestyle 2 weeks prior and after. The healthier you are, the better your results will be.
3. **Supplements:**
  - a. Discontinue blood thinning agents like Vitamin E, Ginkgo, Garlic, Flax, Cod Liver Oil, Niacin, Essential Fatty Acids, turmeric/curcumin etc. one week prior to your procedure.
  - b. Discontinue your multivitamin one week prior to your procedure, however, continue with your Vit D/K2 supplement.
  - c. Recommend **Neurogenix** 2x/day. An advanced nerve and circulation support supplement. Contains advanced methylated B vitamins and Alpha Lipoic Acid.
  - d. Recommend **Nitric Balance** (Apex Energetics). Take 5 ml (approx. 1 teaspoon) orally - 2 times a day. Affect NOS (nitric oxide synthase) activity and intracellular energy production. Influences **cell-signaling molecules which helps to attract your own stem cells to the injured areas.**
4. **Medications:**
  - a. Avoid Aspirin, Advil, Motrin, Ibuprofen, Naproxen, Voltaren, and other anti-inflammatory medications the week prior to your procedure. **\*\*We want inflammation to take place.** This is a function that makes Mesenchymal Cells work!
  - b. Avoid the systemic use of corticosteroids for 6 weeks before the procedure.
  - c. If there is any discomfort, try using ice or heat or alternating the two.
  - d. Ask your doctor for instruction regarding Eliquis or other anticoagulants.
5. **Smoking/Alcohol:**

Avoid alcohol and cigarettes for at least 3 days prior to your procedure and a minimal of 2 weeks after. Mesenchymal stem cells are not effective for regular smokers and drinkers. **Please inform us if this describes you. It will affect your results.**

I have read and agree to the instructions listed above. I have addressed any questions/concerns with my practitioner. By signing below, I agree to the instructions above and guarantee my adherence.

PRINT PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT WITNESS NAME \_\_\_\_\_ DATE \_\_\_\_\_