

We can heal your body faster without drugs, surgeries, or artificial parts.

We treat degeneration and injuries of the joints, COPD, Erectile Dysfunction, Multiple Sclerosis, Diabetes (type 2), Parkinson's disease, Arthritis, Lupus, Rheumatoid Arthritis, Osteoarthritis, Fibromyalgia, and Hair-Loss.

Shoulders

Rotator Cuff Tendinosis
Rotator Cuff Tears
AC Joint Arthritis
Glenohumeral Joint Arthritis
Bicep Tendinosis

Elbows

Lateral Epicondylitis (Tennis Elbow)
Medial Epicondylitis (Golfers Elbow)
Flexor Tendon Injuries
Extensor Tendon Injuries
Bicipital Tendon Injuries
Ulnar Collateral Ligament Injuries

Hands & Wrists

Tendonitis (Drummers Wrist)
Muscle tears

Knees

Patellar Tendinosis (Jumper's knee)
Quadricep tendinosis
Collateral Ligament Tears
ITB Friction Syndrome
Quadricep Strains
Hamstring Strains
Patellofemoral Syndrome (Runner's knee)

Feet & Ankles

Achilles Tendon Injuries
Posterior Tibialis Tendon Injuries
Peroneal Tibialis Tendon Injuries
Plantar Fasciitis
Chronic Ligament Injuries

Hips & Pelvis

Trochanteric Bursitis
Hamstring Injuries
Pubic Symphysis Pain
Piriformis Syndrome

Why should I choose Stem Cell Therapy?

Adult stem cell therapy is a fantastic option for treating an orthopedic ailment of the joints, ligaments, and tendons. The world of medicine advances rapidly and bio-cellular medicine is at the forefront of the industry. Stem cell therapy is an innovative way to use your own stem cells to treat chronic painful orthopedic injuries and conditions that have not improved following conservative, non-surgical treatments. By only using your cells for the procedure, we can greatly increase your chance for complete healing, as your body is literally utilizing its own building blocks to self-repair.

Am I a good candidate for Stem Cell Therapy?

To answer this question, you will need to speak with one of our physicians in person, or over the phone. This often requires a history and physical examination, x-rays, and an MRI. In addition, our physicians will perform a diagnostic ultrasound on the area of concern. This imaging technique allows us to directly visualize the issue without any exposure to x-ray radiation. Stem cell therapy may not be the best treatment for all cases. If we discover you are not a good candidate for this therapy, we will discuss other treatment options with you. We are a fully equipped orthopedic facility offering a wide range of solutions on site.

Our regenerative procedures are quick and relatively comfortable. Once you are determined to be a good candidate for the procedure, a member of our medical team will explain how stem cell therapy works and what will happen during your procedure. They will answer any additional questions you may have. Generally speaking, this is how it works:

- Bone marrow is withdrawn from the back of your hip
- Withdrawn fluid is spun in a centrifuge to separate your cells
- Stem cells are injected back into the damaged area of your body
- Start-to-finish you can expect the procedure to take 1.5 hours

After the procedure, we encourage you to rest for a few moments in the comfort of our facility. When you are ready, we will discuss your follow up treatment plan. Physical therapy, massage therapy, acupuncture, and similar alternatives will provide you with relief post-procedure. We strongly support electing one, if not several of the mentioned therapies, to increase the effectiveness of your treatment.

After a brief recovery period, you are permitted to return to your pre-procedure activity levels (pain permitting).

How do stem cells heal my body?

We begin by taking a closer look at the natural healing processes of your body. Inside our bone marrow there are stem cells that have aged to different levels of maturation. Later on, these stem cells are recruited to transform into blood cells (hematopoietic) and muscle or bone cells (mesenchymal). All of the cells in your body (except nerve cells) are pre-programmed to die at a certain age, and adult stem cells are their replacements. When injured, our body fires up the natural healing process commonly known as inflammation.

Have you ever sprained your wrist or broken your leg? If yes, then you know what inflammation looks and feels like. When a joint becomes inflamed, fluid starts to accumulate around the injured area (known as swelling). This fluid contains specialized cells from your immune system, called macrophages, which consume the debris from an injury. This fluid also contains a high concentration of platelets, which aggregate to form an internal layer over the damaged area. These platelets later release chemical markers (called growth factors) into the surrounding tissue. After the chemical markers are absorbed into your blood stream, they are carried throughout your entire body, which signals the stem cells inside your bone marrow to migrate towards the injured area.

When the stem cells reach the injured area they embed into the surrounding healthy tissue, where they will mature (and transform) into new healthy cells and tissue. At this point, the inflammation/swelling subsides as normal healthy tissue grows. Humans and animals are able to heal naturally because of these processes. Chronic (persistent) inflammation occurs if this process is not carried through to completion. Often, chronic inflammation occurs in our joints as a result of poor blood flow to the joints themselves.

Are there different types of stem cells?

Somatic: stem cells drawn from bone marrow, fat, and muscle

Umbilical: stem cells drawn from cord blood of screened donors

Embryonic: stem cells drawn from human embryos and grown in a lab

(Note: we DO NOT use controversial embryonic stem cells for ANY of our procedures)

What characteristics make a stem cell so special?

Stem Cells are capable of dividing and renewing themselves for long periods; they are unspecialized; and they can transform into specialized cells.

Could my body reject the stem cells?

No, adult stem cells are autologous and non-immunogenic.

Are your procedures covered by my insurance?

Unfortunately, we are out of network for all insurance, but we do provide an itemized receipt for you to bill your insurance. Insurance may cover some costs, and some patients have had success billing their providers. We offer three forms of financing in addition to credit and cash pay. Depending on your individual policy, you may be reimbursed for portions of the procedure. Please refer to our list of the most commonly billed items before, during, and after the procedure:

Service	Code	Cost
Ultrasound Guidance	76942	\$240.00
Injections	20610, 20605	\$300.00 (per unit)
Bone Marrow Aspiration	38206	\$950.65
Blood Draw	36415	\$25.00
Tray Set-up	A4550	\$25.00
Follow-up Visit	99213	\$250.00

Can I finance your regenerative procedures?

Yes, we offer multiple forms of financing through our healthcare credit partners. We are associated with CareCredit, AdvanceCare, and Financing Solutions. We offer CareCredit financing for all approved applicants at 0% interest for 12 months.

1. Please enter your information:

First Name: _____ Last Name: _____ Date of Birth: _____ Email: _____

Address: _____

Mobile Phone: _____ Home Phone: _____ Preferred Contact: _____ Gender: _____
 Email Phone Female Male

2. Who is your primary care physician?

Physician Name: _____ Physician Phone: _____ Physician Email: _____

Address: _____

3. What specific conditions are you affected by (if any)?

- Osteoarthritis
- COPD
- Parkinson's Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Hair Loss
- Erectile Dysfunction
- Type 2 Diabetes
- Other:

4. What area(s) of your body are affected by your condition (if any)?

- Shoulders
- Knees
- Upper Back
- Elbows
- Feet & Ankles
- Lower Back
- Hands & Wrists
- Hips & Pelvis
- Other:

5. How often are you in pain? Never Occasionally Always
- Does anything increase pain? Yes No
- Does anything reduce pain? Yes No

6. Does the pain prohibit you from enjoying activities? (e.g. can't run due to knee pain)

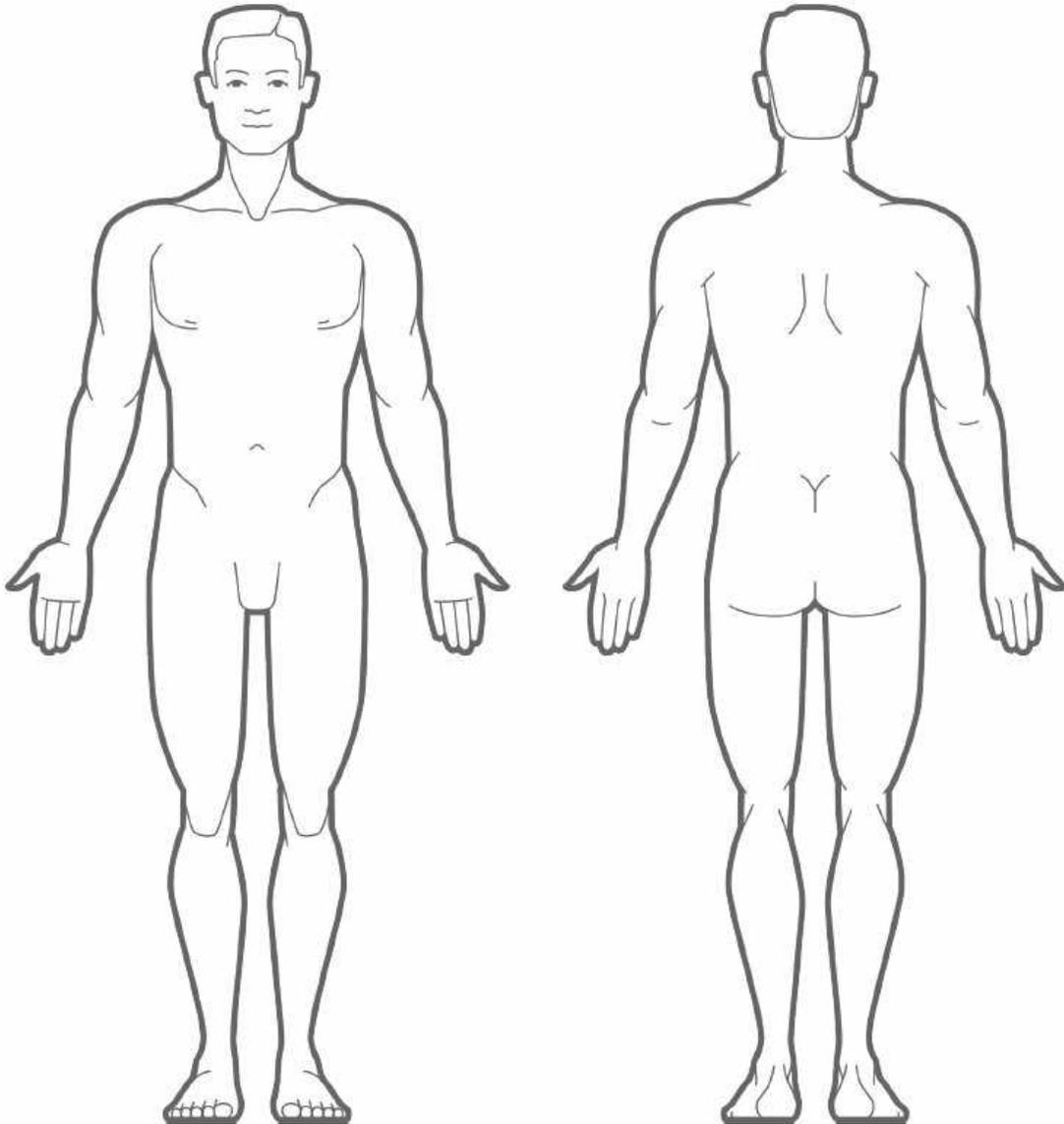
7. Please list all known allergies (especially to medication):

	Allergen
1	
2	
3	

8. Please list all medications (including non-prescription):

	Medication
1	
2	
3	
4	
5	

9. Please mark all affected areas of your body using the color-coded symbols.



10. The following treatments may have a positive, negative, or no effect at all. Please mark the item(s) which apply to you, including those in which you currently use (disregard if not applicable).

	Increases	Decreases	No Effect
Medications			
Stretching			
Mild Exercise			
Physical Therapy			
Stress / Tension			
Standing			
Driving			
Sitting			
Walking			
Bending			
Lifting			
Reaching			
Other:			

11. Please list all medical conditions (if any):

- | | | |
|--|---|--|
| <input type="checkbox"/> No Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blod Clots |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Irritable Bowel | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Abnormal Rhythm | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Ovarian Cysts |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Anorexia / Bulemia |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Psyciatric Disorder |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Cancer: |

12. Please list all previous surgeries (if any):

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Brain | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Lung | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Back | <input type="checkbox"/> Heart | <input type="checkbox"/> Appendix |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Liver | <input type="checkbox"/> Gallbladder |
| <input type="checkbox"/> Spine | <input type="checkbox"/> Kidney | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Spleen | <input type="checkbox"/> Cataract |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Stomach | <input type="checkbox"/> C-Section |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Replacement |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Bladder | <input type="checkbox"/> Arterial Stent |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Eye | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Ear | <input type="checkbox"/> Disk Fusion |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Breast | <input type="checkbox"/> ACL/MCL |

13. The following treatments listed below may have a positive, negative, or no effect at all. Please mark the item(s) which apply to you, including those in which you currently use (disregard if not applicable).

	Currently Using	Makes Better	Makes Worse	No Effect
Physical Therapy				
Pool Therapy				
Massage Therapy				
Chiropractor				
Exercise				
Tens Unit				
Injections				
Acupuncture				
Splints / Braces				
Foot Cushions				
Carpal Tunnel Op.				
Arthroscopic Op.				

Patient Signature:

Signature

Date

14. Thank you for taking the time to complete your intake paperwork online.