General Authorization & Multi-Disciplinary Model

Nature of the Upgrade Medical Model

Upgrade Medical, LLC (d/b/a Upgrade Medical) operates as a specialized, multi-disciplinary clinic utilizing Functional Medicine and Naturopathic models. We employ the use of diet/ nutritional therapy, supplements, nutraceuticals, and herbal medications, as well as typical prescriptions, hormones, peptides and bioregulators. Adjuvant therapies may include IM or IV medications, nutrients, herbal compounds, or regenerative therapies.

- **Non-Standard Care:** I acknowledge that these therapies may **NOT** be considered standard in the conventional care model of medicine.
- **Definitions:**
    - **Nutritional Therapy:** The application of nutrition science to address imbalances, support the body's maintenance of health, and enhance performance.

I authorize Upgrade Medical, LLC (d/b/a Upgrade Medical), its providers, assistants, and designees to perform reasonable and necessary medical examinations, testing, and treatment as may be necessary or advisable in my diagnosis, treatment, or health goals.

- **Integrated Model:** I acknowledge that Upgrade is a specialized Integrated, Functional Medicine, and Naturopathic multi-disciplinary clinic.
- **Non-Standard Care:** This model employs diet/nutrition therapy, nutraceuticals, and herbal medications which may **NOT** be considered standard in the conventional care model of medicine.
- **Medication History (Mandatory Requirement):** Due to the nature of care provided, it is critical to know all medications and history. I consent to the **downloading of my external medication history** to my secure health record. This is a requirement to be a patient or client.

Point of Care (POC) & Acute Care Authorization

- I authorize Upgrade Medical to administer immediate "Point of Care" items as clinically indicated for acute symptoms or as part of my ongoing treatment plan. This includes, but is not limited to:

Informed Consent & Safety Screening: Advanced Recovery Modalities

1. Definitions and Safety Screening

- **Photobiomodulation (Red/NIR Light):** Uses specific wavelengths of light to support mitochondrial function and cellular repair.
    - **Contraindications:** Active cancerous tumors (direct exposure), pregnancy (over the abdomen), or active localized infections.
    - **Photosensitivity Warning:** You must notify staff if you are taking medications that increase light sensitivity. These include but are not limited to: **Tetracyclines (Doxycycline), Retin-A/Accutane, St. John's Wort, Amiodarone, Methotrexate, or certain NSAIDs (Naproxen).** Use of these may result in skin irritation or "sunburn" sensations.
    - **Safety Note:** Protective eyewear is provided and must be worn if the light source is in the direct line of sight.
- **Pulsed Electromagnetic Field (PEMF):** Delivers low-frequency electromagnetic pulses to support natural recovery processes and cellular voltage.
    - **Contraindications: STRICT PROHIBITION** for those with pacemakers, internal defibrillators, cochlear implants, or insulin pumps. Not for use during pregnancy, active hemorrhaging, or in those with organ transplants on immunosuppressants.
    - **Safety Note:** Remove all electronic devices (phones, watches) and credit cards from your person before the session.
- **Inhaled Hydrogen Therapy:** Administration of molecular hydrogen gas to act as a selective antioxidant and reduce oxidative stress.
    - **Contraindications:** Severe end-stage COPD or acute respiratory failure where oxygen titration is critical.
    - **Safety Note:** Hydrogen is a flammable gas; strictly **no smoking, vaping, or open flames** are permitted within the facility.
- **Vagal Nerve Stimulation (VNS):** Uses mild electrical or mechanical stimulation to influence the autonomic nervous system and promote a "rest and digest" state.
    - **Contraindications:** History of carotid sinus hypersensitivity, active cardiac arrhythmias (bradycardia), or implanted electrical devices. Not for use over broken skin or active rashes.
    - **Safety Note:** May cause a temporary drop in heart rate; inform staff if you feel faint or excessively drowsy.
- **Pneumatic Compression:** Uses controlled pressure to enhance lymphatic drainage and venous return in the extremities.
    - **Contraindications:** Active Deep Vein Thrombosis (DVT/Blood Clots), acute pulmonary edema, congestive heart failure (CHF), or severe peripheral neuropathy where pressure cannot be felt.

- **Whole Body Vibration (WBV):** Uses a vibrating platform to stimulate muscle fibers, improve circulation, and support bone density.
    - **Contraindications:** Recent bone fractures, joint replacements (within 6 months), acute disc herniation, severe migraines, or recent eye surgery (retinal detachment risk). Not for use with gallstones or kidney stones.
- **Whole Body Cryotherapy:** Exposure to extreme cold temperatures to trigger systemic anti-inflammatory responses and metabolic boost.
    - **Contraindications:** Uncontrolled hypertension (>160/100), Raynaud's Disease, cold urticaria (cold allergy), unstable angina, history of stroke, or peripheral vascular disease.
    - **Safety Note:** Skin must be **completely dry**. Any moisture (sweat/lotion) can cause immediate frostbite. Gloves, socks, and slippers are mandatory.

2. Clinical & Regulatory Acknowledgment

- **Wellness Optimization:** I understand these modalities are for wellness and performance support and are not intended to diagnose, treat, or cure medical disease.
- **Regulatory Space:** I acknowledge that the regulatory environment for "Biohacking" and wellness equipment is dynamic; protocols and availability may change based on new safety data or evolving federal/state guidelines.

Informed Consent: Nutrition, Supplements, Nutraceuticals, & Herbal Medicine

1. Clinical Standards & Product Quality

- Upgrade Medical providers are extensively trained and certified in the prescription and delivery of these therapies.
- **Sourcing:** As a service, we make high-quality products available via prescription or in-office. We select manufacturers based on scientific research, ingredient purity, and cGMP manufacturing standards to ensure predictable results.
- **Legal Compliance:** Upgrade complies with all federal, state, and local regulations, including those set by the **Oregon Board of Pharmacy**. Upgrade is not responsible for the unauthorized use or distribution of these products by patients or clients.

2. Risks, Side Effects, & Contraindications

While most "side effects" are mild and these substances have exceptional safety records, adverse events can occur.

- **Notify your provider immediately if any of the following apply:**
    - **Absolute Contraindications:** Liver failure, renal failure, Addison's disease, or Congestive Heart Failure (CHF).

    - **Relative Contraindications:** Pregnancy/Lactation, Thalassemia, G6PD deficiency, or known drug-nutrient interactions.
- **Potential Side Effects:**
    - **General:** GI upset, swelling, itching, dizziness, nausea, or no response/relief.
    - **Serious (Rare):** Nerve injury, blood clots, cardiac arrhythmias, stroke, anaphylaxis, or death.
- **Herb-Drug Interactions:** Certain prescribed drugs have a narrow therapeutic range; interactions with herbs, food, or alcohol can increase risk.

4. Regulatory Status & FDA Disclaimer

- **FDA Status:** I understand that the United States Food and Drug Administration (FDA) has **not evaluated or approved** these treatments to diagnose, treat, cure, or prevent any disease.
- **Mainstream View:** I acknowledge that these treatments may be viewed by the mainstream medical community as new, controversial, off-label, experimental, or unnecessary.

Informed Consent & Compliance: Peptide, Bioregulator, and Biologic Therapy

1. Nature of Treatment and FDA Status

Peptide therapies are a rapidly evolving area of medicine. Peptides are short chains of amino acids that act as signaling molecules, targeting specific cells to manipulate bodily chemistry and build towards regenerative health.

- **Regulatory Status:** I understand that many peptides, bioregulators, and legal anabolics used in this practice are **NOT specifically FDA-approved** to diagnose, treat, cure, or prevent any disease.
- **Clinical View:** These treatments may be viewed by the mainstream medical community as new, controversial, off-label, experimental, and unnecessary. Clinical use is based on emerging data and the professional judgment of the provider.

2. Clinical Grade vs. "Research Use Only" (RUO)

I recognize the critical distinction between clinical-grade therapies and "Research Chemicals":

- **Clinical Grade:** All prescribed peptides/biologics are commercially prepared by licensed manufacturers or compounded by accredited, cGMP-regulated pharmacies.
- **Research Chemicals:** Substances sold online as "Research Peptides" or "Not for Human Use" lack clinical oversight and may contain impurities or incorrect dosages.
- **Provider Advisory:** Upgrade Medical **strictly prohibits** and advises against "grey market" research substances. Use of such substances poses significant health risks and is not supported by this program.

- **Documentation:** Certificates of Analysis (COA) related to product quality can be provided upon request.
- **Exclusivity:** These products are exclusively accessible to verified clients/patients of Upgrade Medical to maintain stringent quality control and proper dosing, and are not retail accessible.

4. Regulatory Environment and Availability

The landscape surrounding peptides is highly dynamic. I understand that:

- **Changing Rules:** Federal/state bodies (FDA Category 1, 2, or 3 lists) frequently update compounding rules.
- **Availability:** Therapies may become unavailable or undergo sourcing changes with little to no notice due to regulatory shifts.

5. Common Side Effects and Risks

While naturally occurring peptides are generally well-tolerated, potential risks include:

- **Injection Site Reactions:** Redness, swelling, itching, or bruising.
- **Systemic/Metabolic Effects:** Nausea, headache, fatigue, transient high blood sugar, or changes in thyroid/hormone production.
- **Experimental Risks:** Long-term side effects (beyond current documentation) or rare allergic reactions/anaphylaxis.
- **Dosage:** Most side effects are dose-related and may be mitigated by adjustment, but no guarantee against adverse reactions is made.

Informed Consent: IV/IM Nutritive, Oxidative, and Specialty Therapies

1. Description of Procedure & Modalities

Intravenous (IV) and Intramuscular (IM) therapies provide an efficient delivery method with superior absorption compared to oral alternatives (capsules, liquids, or topicals).

- **IV Therapy:** Involves infusing solutions directly into the bloodstream. This may include vitamins, minerals, amino acids, glutathione, ALA, electrolytes, methylene blue, or specialized medications (e.g., ketorolac, diphenhydramine).
- **Specialty/Oxidative IVs:** May involve the removal and re-infusion of blood following treatment with specialized substances or **Photobiomodulation (UVBI)**.
- **Specialty Compounds:** We offer advanced formulations including **EGCG, Poly-MVA, Curcumin, Resveratrol, methylene Blue PICO CBD, and similar**
- **Specialized IV's: Peptide IVs, or TruBinding006**

2. Upgrade Medical Clinical Standard

Unlike standard "IV Lounges," our providers are trained and licensed professionals who research and formulate our treatments to provide maximum benefit. We distinguish between:

- **Patients:** Individuals under the direct medical care of an Upgrade Medical provider.
- **Clients/Members:** Individuals utilizing equipment or purchasing products. **I understand that being a client is NOT the same as being under the care of a provider; no specific medical advice can be given.** I agree to seek medical recommendations from my own healthcare team or establish formal care here.

3. G6PD Acknowledgement & Oxidative Safety Waiver and GAL3 Testing

Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency is a genetic metabolic abnormality that can cause red blood cells to break down prematurely (hemolysis) when exposed to certain oxidative stressors.

- **Testing Requirement:** I understand that for high-dose oxidative therapies (including, but not limited to, **UVBI, Ozone, or Vitamin C doses exceeding 20g**), a G6PD blood test is clinically indicated.
- **Medication Notice:** I have disclosed if I am taking "sulfa" drugs, antimalarials, or high-dose aspirin, which can further exacerbate G6PD-related risks.
- **Testing Requirement:** I understand that for TB006 IV Gal-3 genetic testing and certain screenings are required

4. Contraindications & Safety Screening

I certify that I have reviewed the following and will notify my provider if any apply:

- **Absolute Contraindications:** Liver failure, renal failure, Addison’s disease, Congestive Heart Failure (CHF), or pregnancy/breastfeeding.
- **Relative Contraindications:** Thalassemia, decreased renal function, or known drug-nutrient allergies.
- **Caution:** HIV/AIDS, immune suppression, post-splenectomy, recent burns, malnourishment, or active chemotherapy.

5. Regulatory Compliance & "Experimental" Status

- **FDA Status:** I understand the FDA has not evaluated or approved these treatments to diagnose, treat, cure, or prevent any disease. They may be viewed by the mainstream medical community as new, controversial, off-label, experimental, or unnecessary.
- **Clinical Sourcing:** We utilize only clinical-grade products (cGMP standards). We **DO NOT** use "Research Use Only" (RUO) or grey-market substances.

6. Risks, Side Effects, and Alternatives

- **General:** Local pain, swelling, bruising, hematoma, dizziness, sweating, nausea, or no relief.

- **Serious (Rare):** Infection, nerve injury, blood clots, hemorrhage, cardiac arrhythmia/ arrest, stroke, anaphylaxis, and death.
- **Alternatives:** I am aware of alternatives including self-care, OTC relievers, physical therapy, prescription drugs, or surgery.
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Hormone Replacement Therapy

1. Definitions and Safety Screening

- Estradiol, Progesterone, Dehydroepiandrosterone (DHEA), Thyroid (compounded T4/ T3), Testosterone , Oxytocin, and Melatonin are hormones which may be given in any variety of combinations, delivery routes, and dosages depending on my own individual requirements. Bioidentical hormones are hormones made from a plant that are identical to those produced by human ovaries, adrenals or other tissues. They are not altered human hormones or derived from animals such as horse urine. Our protocol, based on peer reviewed, published medical literature, recommends the replacement of bioidentical hormones.
- I will consult with my provider to become educated on the potential risks and benefits of using hormone replacement therapy (HRT)/ bioidentical hormone replacement therapy (BHRT), which are summarized below.
    - Bioidentical hormones are those that are plant based and identical in structure to those produced by humans. They are not synthetic, excluding testosterone, and not derived from non-human animals.
- I understand and agree to keep up to date with my recommended preventive care such as mammograms, colonoscopies, etc. with my primary care provider or specialist.

2. Risks, Side Effects, & Contraindications

I certify that I have reviewed the following and will notify my provider if any apply:

- I will provide my provider with an accurate health history in order to begin and continue HRT/ BHRT.
- Regular follow-up visits are required as recommended and depending can range from 1, 3, 6 months, 8 or 12 months, or more, to monitor my progress. Biannual testing, or as recommended by my provider, of hormone levels is required to assure that hormonal balance is achieved, and that levels are both safe and effective. Intervals of testing may be required at different times.
- **Females:** I understand that if I have a uterus and receive Estradiol, I **must** take daily oral progesterone to protect against uterine cancer. Baseline/periodic mammograms are required unless a formal waiver is executed.
- **Males:** I understand that a Prostate Specific Antigen (PSA) test is required prior to therapy and annually to monitor for stimulation of existing prostate tissue.

2. Reported Risks of HRT/ BHRT

For Women:

- Abnormal uterine bleeding, fibroid growth and /or uterine cancer, especially if estrogen is given without progesterone. When using estrogen, always take progesterone to balance the estrogen
    - I understand that spotting or bleeding may be normal in the first 3 months on the hormones. Any heavy bleeding must be evaluated. Any bleeding must be reported and discussed with your doctor, as bleeding that recurs after a woman has completed menopause is one of the warning signs of possible endometrial hyperplasia or uterine cancer. We will then recommend performing an ultrasound.
    - I understand that I may also get some breast sensitivity, fullness, areola and nipple discomfort, redness or swelling when beginning my hormone replacement therapy, especially estradiol.
- A reported increased risk of deep vein thrombosis (blood clot) or pulmonary emboli (blood clot in lung) if ORAL SYNTHETIC ESTROGENS; Prempro, Premarin, etc. This risk has not been shown with ORAL 17b-Estradiol (Bioidentical Estrogen) and/or topical estradiol applied to the skin or vaginally.
- Breast Cancer risk has been reported in some women; however, this has not been effectively demonstrated in a controlled research trial. Two studies show no increased risk. One study with topical estradiol and real progesterone by mouth showed no increased risk of breast cancer. In another study using oral Premarin alone without a synthetic progesterone there was a decrease in breast cancer.
- Testosterone or DHEA in women may, very rarely, be associated with increased facial hair, acne, scalp hair loss, increased sex drive. These problems are seldom seen in the therapeutic levels prescribed.
- Other potential risks may include: cramps, headaches, migraines, breast tenderness, weight loss or gain, nausea, bloating, irritability, fluid retention or some other unlisted or unknown effects.

For Men:

- Worsening of cholesterol (in particular “good” HDL)
- Raising of hematocrit (blood thickness)
- Elevated blood pressure
- Blood clots in the legs, lungs, or brain
- Edema (water retention or swelling of arms or legs)
- Increase in cardiovascular or cerebrovascular events
- Lowering of sperm counts, possibly to the point of infertility

- Elevated levels of calcium in the blood
- Worsening of sleep apnea
- Breast tissue growth, swelling, or tenderness
- Acne and male pattern baldness
- Reduced testicular size
- Skin to skin transference to a partner or child (topical therapy)
- Skin irritation (topical therapy)
- Prostate cancer progression
- Breast cancer progression
- Liver dysfunction
- Interactions with insulin, blood thinners, corticosteroids
- Changes in urinary habits such as increased difficulty urinating

3. Bio-identical hormone pellets are concentrated hormones biologically identical to those naturally produced by the human body (ovaries, testicles, and adrenal glands).

- **The Upgrade Standard:** We prioritize clinical symptomatology over static laboratory values. Factors such as circadian variation, sexual activity, and sample storage can affect serum levels. We utilize **PARQ** (Procedure, Alternatives, Risks, Questions) to ensure a shared decision-making model.
- **Supraphysiologic Levels:** I understand and expect that my total testosterone values may be "supraphysiologic" (above standard laboratory reference ranges) following treatment to achieve optimal symptomatic relief.

4. Regulatory, FDA & Insurance Disclosures

- **Off-Label Status:** All testosterone use in women and use in men with baseline levels >300 ng/dL, is considered **"Off-Label."** This means the medication is used for indications not specifically evaluated or approved by the FDA.
- **Procedure Status:** While pellet production is highly FDA-regulated, the subcutaneous insertion procedure is **not an FDA-approved delivery method** for hormonal replacement at the dosages utilized in this clinic.

5. Comprehensive PARQ Framework

P: The Procedure & Targeted Goals

Subcutaneous insertion involves a minor surgical incision (typically in the hip/buttock area) under local anesthesia. Goals include improvement in fatigue, muscle tone, libido, exercise tolerance, and mood.

A: Alternatives

I acknowledge that hormone replacement is available in other forms, including:

- Topical creams/gels, oral micronized formulations, and intramuscular (IM) injections.
- Non-treatment (accepting current hormonal status).

R: Risks & Potential Side Effects

- **Surgical Risks:** Bleeding, bruising, swelling, pain; extrusion of pellets (expulsion); infection or abscess; seroma; scarring or keloid formation.
- **Hormonal Risks (General):** Acne, increased body/facial hair, hair thinning (androgenetic alopecia), and erythrocytosis (elevated red blood cells).
- **Female Specific:** Dysfunctional uterine bleeding, breast tenderness, voice deepening, or clitoral enlargement (virilization). **Testosterone is contraindicated in pregnancy.**
- **Male Specific:** Testicular shrinkage, reduction of sperm production/fertility (may take 12+ months to normalize), and potential stimulation of *existing* undiagnosed prostate cancer.

Q: Questions & Shared Understanding

- I will be given the opportunity to ask questions, and have all my clinical inquiries been answered to my satisfaction.

For Women:

MAMMOGRAM WAIVER

We follow the American Cancer Society Guidelines for mammograms:

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- **Women age 45 to 54** should get mammograms every year.
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- **All women** should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.
- I understand the above stated recommendations for mammogram screening. My treating Provider has discussed the importance of a mammogram according to the guidelines.
- Although evidence supports the many health benefits of Estradiol, my treating Provider has informed me that exposure to Estradiol in any form could possibly stimulate an undetected cancer, causing growth of and/or reoccurrence(s) of cancerous tissue.

If I DO NOT have a mammogram:

I have assessed this risk on a personal basis, and my perceived value of the hormone therapy outweighs the risk. I voluntarily choose to undergo implantation of subcutaneous hormone pellet therapy.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or breast, uterine or cancer issues) that may be sustained by me in connection with my decision to not have a mammogram and undergo hormone pellet therapy including, without limitation, any cancer that could develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer.

BREAST CANCER WAIVER

If I Have a History of Breast Cancer:

- If I have a history of breast cancer and I voluntarily choose to undergo implantation of subcutaneous bio-identical pellet therapy. I understand that such therapy is controversial and that many doctors believe that hormone replacement in my case is contraindicated. My clinician(s) at **Upgrade Medical** has/have informed me that there is a recommendation to abstain from hormone replacement therapies until I have been determined to be free of breast cancer for a period of at least 5 years.
- Although evidence supports the many health benefits of Estradiol, my treating clinician has informed me that Estradiol could possibly increase the proliferation of cancerous cells in an undetected cancer. Testosterone may also convert in the body to Estradiol, offering some small risk of exposure. Accordingly, I am aware that breast cancer or other estrogen-fed cancers could develop while on pellet therapy.
- I will assess this risk on a personal basis, and my perceived value of the hormone therapy to determine if it outweighs the risk.
- I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or cancer issues) that may be sustained by me in connection with my decision to undergo Estradiol pellet therapy including, without limitation, any cancer that could develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer.

For Men:

PROSTATE CANCER WAIVER

If I have a History of Prostate Cancer:

- If I have a history of prostate cancer and voluntarily choose to undergo implantation of subcutaneous bio-identical testosterone pellet therapy. I understand that such therapy is controversial, and many doctors believe that testosterone replacement in my case is contraindicated. There is a recommendation to abstain from testosterone replacement therapies until I have been determined to be free of prostate cancer for a period of at least 2 years.
- Although evidence supports the health benefits of Testosterone including the prevention of many cancers, my treating clinician has informed me that endogenous or exogenous

testosterone could possibly increase the proliferation of cancerous cells in an undetected cancer. Accordingly, I am aware that prostate cancer or other cancer could develop while on pellet therapy.

- I will assess this risk on a personal basis, and if my perceived value of the hormone therapy outweighs the risk.
- I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or prostate issues) that may be sustained by me in connection with my decision to undergo Testosterone pellet therapy including, without limitation, any cancer that could develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer.

Informed Consent: Integrative Physical Medicine & Apitherapy

(Acupuncture, Dry Needling, Physical Modalities, & Bee Venom Therapy)

1. Scope of Physical Medicine & Acupuncture/Dry Needling

I understand that my treatment plan may include a combination of the following:

- **Acupuncture & Electro-Stimulation:** The insertion of sterile, disposable needles into specific points to modulate the nervous system. **Electro-Acupuncture** adds a micro-current to enhance stimulation.
- **Manual & Soft Tissue Therapies:** Including **Cupping** (negative pressure/suction), **Gua Sha/Scraping** (instrument-assisted mobilization), **Tui-Na** (Chinese massage), and **Osteopathic/Neuromusculoskeletal Manipulation (OMT/NMS)**.
- **Advanced Technologies: TDP Mineral Lamps** (far-infrared heat), **Targeted Cryotherapy** (high-pressure CO_2 cooling), and **Extracorporeal Shockwave Therapy (ECSW)**.
- **Traditional Chinese Medicine (TCM):** Use of **Moxibustion** (heat therapy), herbal teas, and nutritional counseling.

2. Apitherapy (Bee Venom Therapy / BVT)

Definition: The therapeutic use of honey bee products, specifically **Bee Venom**, honey, pollen, propolis, and royal jelly.

- **Atypical Nature:** I acknowledge that Apitherapy utilizing venom is an **atypical biomedical substance** and is not considered a standard conventional care model.
- **FDA Status:** Apitherapy is **NOT approved** by the FDA, AMA, or other regulatory agencies to diagnose, treat, or cure any disease. It is viewed as experimental and controversial by the mainstream medical community.

- **Emergency Authorization:** I authorize the provider to administer **Epinephrine and/or antihistamines** should I exhibit signs of a significant allergic reaction (Anaphylaxis).

3. Contraindications & Safety Screening

Notify your provider immediately if any of the following apply:

- **Absolute Contraindications:** Liver/Renal failure, Addison's Disease, Congestive Heart Failure (CHF), Bleeding Disorders, Active Infection/MRSA, or **Allergy to any bee product/local anesthetic.**
- **Relative Contraindications (Case-by-Case):** Pregnancy/Breastfeeding, Pacemakers/ Mechanical valves, Immunocompromised conditions (Cancer, Diabetes, HIV), Raynaud's Disease, fragile skin, or non-healing wounds.
- **Medication Warning:** If I am taking **Beta-blockers**, I have disclosed and reiterated this to the provider, as these medications can complicate the treatment of an allergic reaction.

4. Risks and Side Effects

- **Acupuncture/Manual:** Bruising, localized numbness/tingling, dizziness, fainting, or hair loss at the site. Rare risks include nerve damage or organ puncture (e.g., Pneumothorax/ collapsed lung).
- **Heat/Cupping/Cryo:** Burns, scarring, or blisters. Cryotherapy may cause temporary headaches or pigment changes (hypo/hyper-pigmentation).
- **Apitherapy Specific:** Intense local pain, itching, swelling, and hematoma. **Serious Risks:** Anaphylaxis (airway constriction), rash/hives, cardiac arrhythmias, or death.
- **Herbal Medicine:** Herbs may have an unpleasant smell/taste; some may be toxic in large doses or inappropriate during pregnancy.

5. Upgrade Medical Clinical Standard

- **Clinical vs. Client:** I understand that being a **Client/Member** (equipment user) is **NOT** the same as being under the care of an Upgrade Medical provider. Clients receive no medical advice.
- **Adjunctive Care:** These treatments are not a substitute for standard medical care. Patients should remain under the care of their Primary Care Physician or specialists (Oncology, OBGYN, etc.).

Informed Consent: Injection Therapy

(Steroid, Trigger Point, Nerve Block, & Regenerative Biologic Injections)

1. Definition & Clinical Approach

Injections involve the insertion of a needle into a targeted area—such as soft tissue, muscles, or joints—to introduce substances considered to be of benefit for a specific condition. At Upgrade Medical, we utilize a range of options:

- **Standard Biomedical:** Conventional substances such as corticosteroids and local anesthetics.
- **Advanced Regenerative Biologics:** Innovative therapies including **Exosomes, MSCs (Mesenchymal Stem Cells), Wharton's Jelly (WJ), Peptides, PRP (Platelet Rich Plasma), Prolotherapy, and A2M.**
- **Non-Standard Notice:** I acknowledge that these regenerative approaches may **NOT** be considered standard in the conventional care model of medicine.

2. Types of Injections

- **Steroid Injections:** Commonly used to reduce acute inflammation, lower immune response, and control symptoms in the bursa, ligaments, tendons, or joints.
- **Trigger Point Injections:** Delivery of substances (anesthetic, nutritive, or botanical) directly into muscle tissue to release myofascial "knots" or chronic tension.
- **Nerve Blocks:** The use of anesthetic (often combined with steroids or regenerative substances) to calm a nerve, stop pain, or influence broader systemic responses.
- **Regenerative Biologic Injections:** A broad category utilizing **Exosomes, MSCs, and WJ** to facilitate cellular signaling, provide a structural tissue matrix, and amplify the natural healing process to repair lasting injury.

3. Benefits & Caution

- **Goals:** The goal of any injection is to help you regain function, reduce pain/ inflammation, or correct chronic restrictions. Relief varies based on individual response.
- **Allergy Warning:** Do not proceed with an injection and notify the provider if you are allergic to **local anesthetics** or **products from birds (feathers, eggs, or poultry)**, as some visco-supplementation or regenerative substances may contain these derivatives.
- **Pregnancy/Nursing:** The FDA has not tested the safety of many of these regenerative substances in women who are pregnant or breastfeeding.

4. Risks and Side Effects

- **General:** Localized pain, increased irritation, swelling, itching, bruising, hematoma, dizziness, sweating, and nausea.
- **Nonspecific:** Changes in appetite, sleep, bowel/urination patterns, or emotional state.
- **Serious (Rare):** Infection, nerve injury, numbness, visceral organ injury, blood clots, hemorrhage, cardiac arrhythmias/arrest, stroke, anaphylaxis, and death.
- **Patient Specific:** Risks specific to your anatomy or history will be reviewed directly prior to the procedure.

Informed Consent & Compliance: Regenerative Biologic Therapy

(Exosomes, MSCs, Wharton's Jelly, PRP, A2M, & Prolotherapy)

1. Nature of Regenerative Medicine

Regenerative medicine is a broad category including **Exosomes, Stem Cell Therapy, Platelet Rich Plasma (PRP), Prolotherapy, A2M, and other cellular or plasma-based therapies.**

- **Purpose:** Useful when injuries are unlikely to heal with traditional non-surgical treatments (rest/PT) or when pain/function haven't improved post-surgery. It may support disease management, performance, and anti-aging.
- **Non-Treatment Disclaimer:** These are **NOT** intended to treat, cure, or prevent any disease and may be viewed by the mainstream medical community as new, controversial, off-label, experimental, and unnecessary.
- **Mechanism of Action:** The goal is to replace or "reboot" damaged tissues instead of treating symptoms. Regenerative Injection Therapy (RIT) aims to:
    - Inhibit inflammation and slow degeneration.
    - Induce repair/stimulate new cartilage or tissue.
    - Alter pain receptors/sensation processing to reduce pain.
    - Restore homeostasis.

2. Biological Definitions

- **Exosome Tissue Matrix:** Uses messenger vesicles released from cells to stimulate differentiation and regeneration. Cord Blood exosomes restore cells and enhance cell-to-cell communication. Umbilical cord tissue provides a support matrix rich in biological materials without the need to draw/spin blood. Exosomes contain nearly 3x the growth factors of adult stem cells.
- **Wharton's Jelly (WJ-MSCs):** A connective tissue abundant in extracellular matrix (Hyaluronic Acid/Collagens). These Mesenchymal Stem Cells have high differentiative potential.
- **ETHICAL NOTE:** These materials are **NOT** derived from aborted fetal tissue.

3. Clinical Compliance & Regulatory Standards

- **Clinical vs. Research Grade:** This practice utilizes only **clinical-grade** products (commercially prepared or compounded patient-specific) under strict cGMP standards.
- **Research Warning:** This practice **highly advises against** "Research Use Only" (RUO) or "Grey Market" substances sold online. These lack clinical oversight and pose extreme health risks.
- **Regulatory Space:** The regulatory environment is dynamic. Availability and protocols may change based on evolving federal (FDA) or state guidelines.

4. Risks and Side Effects

- **General:** Local pain, swelling, itching, bruising, hematoma, dizziness, sweating, nausea/vomiting. No response, worsening of condition, or allergic reactions.

- **Nonspecific:** Changes in appetite, sleep, bowel/urination, or emotional state.
- **Serious (Rare):** Infection, nerve injury, numbness, visceral organ injury, blood clots, hemorrhage, cardiac arrhythmias/arrest, stroke, anaphylaxis, and death.
- **Herb-Drug Interactions:** Rare but possible, especially with drugs having a narrow safe dosage range.

5. FDA Safety Statement (Exosomes)

The FDA is informing the public of reports of serious adverse events from unapproved exosome products.

- **Current Status:** There are **no FDA-approved exosome products**. Clinics claiming these treat or cure diseases may be deceiving patients.
- **Regulation:** Exosomes used to treat human conditions are regulated as drugs and biological products subject to premarket review and approval.
- **Patient Advice:** Ask for an FDA-issued Investigational New Drug (IND) number or an IRB-approved consent form before treatment. Be cautious of treatments offered in other countries.

Patient/Client Acknowledgment

1. **Disclosure:** I have accurately disclosed all medical conditions, medications, herbs, and supplements.

   *******Pregnancy:*** *I certify that I will inform my practitioner/provider should I have the chance or being pregnant, become pregnant or am breastfeeding****

2. **Voluntary Participation:** I acknowledge that specialty therapies described heir in are **always optional**. I am not under pressure to utilize this approach.
3. **Right to Refuse:** I have the right to refuse treatment at any time prior to or during administration.
4. **Clinical Judgment:** I understand that databases are constantly changing. I agree to allow my provider to exercise their best clinical judgment based on the information available at the time of my visit.
5. **Risks/Benefits:** I understand the risks and that side effects cannot be guaranteed against. Upgrade Medical provides only best interpretation and evaluation of current research.
6. **Disclosure:** I have accurately disclosed my health conditions, medications, supplements, and allergies.
7. **FDA Approval:** I acknowledge that the FDA has not approved mny treatments to diagnose/treat/cure disease and they may be seen as experimental/unnecessary.
8. **Co-Management:** I will inform all other practitioners of the treatments I am receiving.

9. **No Guarantee:** I understand there is no guarantee of satisfactory results (e.g., hormonal balancing, oxidative stress control, or anti-aging).
10. **Indemnification:** I shall indemnify and hold harmless **Upgrade Medical, LLC**, its officers, and agents from any, and all claims, costs, or liabilities arising out of my care as it pertains to the specific model and therapies described.

Updates to Policies

We reserve the right to update this addendum at any time. Any changes will be posted on our website with an updated effective date. Thank you for trusting Upgrade Medical to be a part of your healthcare team.

By signing/checking the associated acknowledgement, I understand and agree to the conditions described herein and agree to comply with the terms.