



## A2M Pre-Procedure Instructions

In preparation for your regenerative medicine 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 gallons total is recommended.
  - b. Eat normally throughout this process.
  - c. 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. 3 days prior to your procedure.
  - b. Discontinue your multivitamin 3 days prior to your procedure, however, continue with your Vit D/K2 supplement if you are currently taken them.
  - c. 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 help to attract your own stem cells and growth factors to the injured areas.**
4. **Medications:**
  - a. Avoid Aspirin, Advil, Motrin, Ibuprofen, Naproxen, Voltaren, and other anti-inflammatory medications 1 week prior to your procedure. **\*\*We want inflammation to take place.** This is a function that makes our procedures work better.
  - 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, however try to avoid if possible. The use of CBD drops, gummies or ointments are okay if they are THL free.
  - 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. Regenerative medicine procedures are less 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 \_\_\_\_\_