Patient Orientation for Enrollment at SpaceAge

1. Dare to Aspire

People have to have the courage to aspire for standards in medicine and health care above those standards presently set in the western world today. Then, when they have such higher aspirations, the Universe will guide them to find and achieve them. This is not for the defeated class of people, who are totally demoralized and goalless, because it had been told to them many times before, that it cannot be done.

2. Patient Support Requested

We value patrons who understand the following and sincerely try to instill this in them when we induct them into our health and longevity programs:

1. We expect every patient to look after the physician attending to them.
You will say this is ridiculous. The physician is supposed to look after the patient and not the other way around. It will soon begin to make sense when you read the following lines:

We expect the patient to join to create a stress free environment for the physician, by proper team work, investment of time to ensure accurate implementation of the program and daily instructions, trust and faith in his ability and experience to treat the patient. A stressed physician obviously cannot have time and energy to create the impossible. Best is to motivate the physician to go the extra mile to create a miracle.

2. We expect the patient to pray for the success of the physician. Again, you will say this is another of your ridiculous demands. Makes no sense. Wait, read further:

When you pray for the success of the physician, you have aligned yourself to ensure the success of the physician in which the success of his treatment is ensured for the patient.

The above two ingredients are essential to create the magic of achieving the **"Mission Impossibles of Medicine and Health Care".**

Perhaps the above ideology will help change your present attitude of having entered into a business deal and help you to align yourself instead to seek help to achieve the impossible and create the miracle.

Patient Enrollment at SpaceAge Health Center

Dear Friend,

The starting point of a dialog with all potential patients seeking treatment at our Health Center, begins with our standard **Questionnaire Form**, where the patients provides us an input of his / her health situation, all past medical records, future health goals and a list of not only all prescription drugs he/she is or has been on along with all vitamin, mineral and herbal supplements he/she is or has taken.

Once we have this basic information, we begin the process of evaluating all this input, which requires anywhere from 2 to 5 hours in most cases. In very complicated and chaotic cases the investment in time at my table can go up to 10 or even 25 hours.

Once my homework is over, only then am I ready for a **fruitful Zoom Consultation** with the patient, where we can discuss and try to redefine the patient's priorities to better health and longevity. This Zoom call with the patient involves about 1 to 2 additional hours.

Once some agreement on the duration and probable cost factors involved, as per the terms of **Concierge Medicine** system (see file attached) that we follow at our health center, are arrived at, only then do we proceed to the next step to draw up a **list of relevant blood tests (100 to 150 blood tests** - cost of lab work may be approximately in the range of **$600.00 to $1,000.00)** to get a more deeper understanding of the actual health priorities and to help draw up a strategy. All this requires another 5 or more hours of work at my table.

Once the blood reports are received, it will take another 2 to 5 hours to read this 60+ pages report, analyze it and thereafter get ready to have a **Review Zoom Conference** with the patient.

This in short outlines the various steps involved to begin treatment at our health center ***within the framework of Concierge Medicine.***

Looking forward to helping you live a very long and healthy life.

Blessings,
Pramod Vora
Medical Scientist & Holistic Educator
Health Counselor to Doctors
International Faculty Member Anti-Aging Medicine
SpaceAge Anti-Aging Center
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http://www.facebook.com/pages/SpaceAge-Anti-Aging-Center/154567131289336
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Mobile: +91 - 98201-11274 (while in Mumbai)
Zoom Meeting ID: **407 826 4641** (for video consultations by prior appointment)

Concierge Medicine / Packages

Our health center has completed 10,000+ cases during the past few decades and presently restricts to about 200 active cases under our **Concierge Program**. We try not to take too many cases in order to maintain the quality of our work and ability to pay individual attention to each person. A large number of our cases are located worldwide and we do offer online consultations through e-mails, sms, WhatsApp, Skype, Zoom Video Conferencing, etc.

We have very different standards and methods of reading, interpreting and projecting blood reports into the future; and investigating the root cause, isolating drug induced symptoms and treating the root cause rather than the symptoms. We therefore encourage all potential patients to submit all their older blood reports / medical investigation done for our scrutiny, for a re-read and re-analysis as per **International Standards of Preventive and Anti-Aging / Regenerative Medicine.**

Time and again we have been able to demonstrate extraordinary results (normally considered impossible to achieve in medicine) due to our deep knowledge of Intracellular / Orthomolecular Medicine, Regenerative Medicine (for repairing and improving the efficiency of various organs / functions of the body) and our access to special prescription strength / therapeutic doses of intracellular supplements, which we are able to individually custom formulate at our highly specialized in-house Compounding Pharmacy, to match the exact needs of your blood reports / health goals.

Unlike the "10 minute consultations, here take this prescription and go to the pharmacy" model of most MDs worldwide, we have adapted the Concierge Medicine model of working at our health center.

Concierge Medicine requires our investment of a few hours of consultation time each month for each new case we take up and the subsequent time involved thereafter to monitor and implement the custom protocols drafted to suit each person, in order to ensure these extraordinary results.

Since we continue to work on each case we take up for an extended period of approximately 6 to 12 months, the model of Concierge Medicine suits our health center best. Under the framework of Concierge Medicine we charge a monthly retainer which covers time spent on consultation and the cost of formulations necessary to support the treatment. The retainer does not cover the cost of blood work, other medical investigation or any health devices required under the program. For more information on Concierge Medicine please visit: https://en.wikipedia.org/wiki/Concierge_medicine

Payments are normally done through purchase of an annual package, with an installment plan (3 equal payments) as an option. Depending on the complications of the case, the cost are normally higher in the frist 3 months and and thereafter reduce as various parameter of the body, at an intracellular level, are brought to their Optimum Values. The costs may be higher for highly complicated cases and chaotic health conditions not responding to allopathy and certain anti-aging and longevity enhancing treatments.

Your Quest For Perfect Health Ends Here !

Our package includes the cost of any specialized formulations provided but excludes the cost of blood work / other medical investigation and any medical devices that may be required to support the treatment.

Trust this will give you a better idea of our commitment of time, sustained effort and an ability to pay undivided attention to each case we take up, to ensure extraordinary results with a higher degree of success.

The above information should help you to adequately prepare yourself to know what to expect, compare it to what is available out there, set your health goals higher and efficiently / economically go about to achieve extraordinary results at our health center.

References for further reading:

1. How Concierge Medicine is changing health care?
https://www.bloomberg.com/news/articles/2012-11-29/is-concierge-medicine-the-future-of-health-care

2. Everyone Should Have A Concierge Doctor
https://www.forbes.com/sites/johngoodman/2014/08/28/everyone-should-have-a-concierge-doctor/#19929ff46323

SpaceAge®

Anti-Aging Center

92 Corporate Park, Ste. C #705
Irvine, CA 92606 USA
Tel: +1 - 949 - 861 - 8164

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Marol Sagbaug, Andheri (E), Mumbai 400 059
Tel: +91 - 22 - 2850 - 3986 / 2852 - 6564
E-mail: consult2008@space-age.com
Internet: www.space-age.com

http://facebook.com/pramod.vora100

http://www.facebook.com/pages/SpaceAge-Anti-Aging-Center/154567131289336

http://www.linkedin.com/pub/pramod-vora/11/89/aa5

Zoom Meeting ID: **407 826 4641** (for video consultations by prior appointment)

spaceage2010 (for video consultations by prior appointment)

Your Quest For Anti-Aging Ends Here !

Questionnaire Covering Letter With Detailed Instructions

Thank you for reaching out to me.

I am attaching to this e-mail a Questionnaire (word doc file and pdf - chose any one. The doc and pdf formats will need to be printed out and completed by hand), which please complete and e-mail back to me with copies of your older and more recent Medical Reports and Blood Tests, if readily available. A short note on your medical history, health challenges and future goals will be helpful. Older blood reports are important, as they help us to do Root Cause investigation, diagnosis and treatment. So older the better. (Copies of older blood reports can be e-mailed back to us as attached pdf files. Please make separate pdf file for each year. Each e-mail not to exceed 10MB).

Also, please enclose a complete list of **medications and supplements (vitamins, minerals, and herbs)** you have been on (including duration) in the past and are presently taking.

This will enable me to guide you better.

Alternately, you can download the Questionnaire by clicking on the link given below:

http://www.space-age.com/Questionnaire.doc
This online Form can be completed on a laptop, tablet or mobile phone screen and e-mailed back to us.

If you would like the following, please do not hesitate to request for our help:
1. A hard copy (print out) of the Questionnaire Form to be sent to you.
2. Help to complete the Questionnaire Form. We will be happy to provide telephone and / or WhatsApp support.

If you happen to be in the following locations:
A. Los Angeles, California or anywhere in USA or Canada area, please feel free to contact Ms. Amy Doublet, Trauma Therapist, Cell: +1 - 310-463-5498
to help you complete the Questionnaire Form and take you to the next step of your goal for perfect health.

We look forward to assisting you to achieve your goal of perfect health, anti-aging and longevity in the most efficient / economical manner possible.
Blessings,
Pramod Vora
Medical Scientist & Holistic Educator
Health Counselor to Doctors
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Mobile: +91 - 98201-11274 (while in Mumbai)
Zoom Meeting ID: **407 826 4641** (for video consultations by prior appointment)

REGISTRATION FORM _____ DATE: _____

Fill in **BLOCK LETTERS.** E-mail to: consult2008@space-age.com **Do not write above this line.**

Name: _____ Birth Date :_____
(mm/dd/yyyy)

Sex: M / F Age: _____ years Height : _____ Weight : _____ Lbs.

Vegetarian / Meat Eater Smoking: Yes / No Alcohol: _____
Cigarettes/day = for ___ years Pegs/day = for ___ years
Second Hand: Smoke: Yes / No Tobacco Chewing: Yes / No

Unmarried / Married Children: Sex: M / F Age: _____ Sex: M / F Age: _____
Breast Fed ____ months Breast Fed ____ months

Any Weight Increase / Decrease in _____ Years / Months by _____ Lbs.

Profession : _____

Job Responsibilities: _____

Exposure to Computers : Yes / No : Years : _____ HRS / DAY:_____

Address : _____

_____

City: _____ State: _____ Zip: _____

Tel: Home: _____ Work : _____

E-mail: _____ Cell: _____

Exposure to Chemicals at place of work at any time in the past : Yes / No. Describe :

_____
_____
_____
_____
_____

Work Address : _____

_____

_____

Referred to our Health Center by: _____
(Mention the name of Magazine / referring Individual / Doctor / Clinic / Internet).

If you have Weak Eye Sight tell us about it:

_____

If you are a Female, tick all Symptoms given below that apply:

- ☐ PMS / Cramps
- ☐ Menopausal symptoms
- ☐ Headaches / Migraines
- ☐ Mood swings / Depression
- ☐ Inability to lose weight
- ☐ Fatigue
- ☐ Foggy thinking / Memory loss
- ☐ Lost interest in sex
- ☐ Water retention / bloating
- ☐ Low blood sugar
- ☐ Adult acne
- ☐ Lower Back Pains
- ☐ Hypothyroid / Hyperthyroid
- ☐ Irregular cycles
- ☐ Lowered libido
- ☐ Breast tenderness
- ☐ Panic / Weeping
- ☐ Blood Sugar imbalance
- ☐ Leg / Muscle cramps
- ☐ Feelings of being crazy
- ☐ Hysteria
- ☐ Allergies
- ☐ Facial hair
- ☐ Low Thyroid symptoms
- ☐ Sciatica (Lower Back / Leg Pain)
- ☐ Hot / Cold Flashes
- ☐ Bone loss (Osteoporosis)
- ☐ Swollen feet / ankle
- ☐ Vaginal dryness
- ☐ Hair loss
- ☐ Fibrocystic Breast
- ☐ Anger / Irritability
- ☐ Uterine fibroids
- ☐ Age and Liver spots
- ☐ Dry aging skin
- ☐ Insomnia
- ☐ Spondylitis (Upper Back Pain)

☐ Any Other _____

Do you have: Irregular Periods / Non Ovulating Cycles / Have the number of days of flow reduced to less than typical 4 day period normally encountered in most women:

_____

Age at: Puberty: _____ **Menopause:** _____ **Hysterectomy:** _____
LMP:_____ **pH:** _____ **B.T.** _____ **F. BP:** _____ **/** _____
(Last Few Monthly Period Dates) **(On:** _____**) Pulse:**

If you are a Male, tick all Symptoms given below that apply:

- ☐ Difficulty Passing Urine
- ☐ Impotence
- ☐ Prostate Inflammation
- ☐ Headaches / Migraines
- ☐ Mood swings / Depression
- ☐ Inability to lose weight
- ☐ Fatigue
- ☐ Foggy thinking / Memory loss
- ☐ Lack of interest in Sex
- ☐ Water retention / Bloating
- ☐ Low Blood Sugar
- ☐ Adult Acne
- ☐ Reduced Muscular Strength
- ☐ Lower Back Pains
- ☐ Hypothyroid / Hyperthyroid
- ☐ Enlarged Prostate
- ☐ Erectile Dysfunction
- ☐ Lowered Libido
- ☐ Burning Sensation Urinating
- ☐ Panic / Weeping
- ☐ Blood Sugar Imbalance
- ☐ Leg / Muscle Cramps
- ☐ Feelings of being crazy
- ☐ Hysteria
- ☐ Allergies
- ☐ Swollen feet / ankle
- ☐ Low Thyroid symptoms
- ☐ Low Sperm Count
- ☐ Sciatica (Lower Back / Leg Pain)
- ☐ Incontinence
- ☐ Lack of Sex Drive
- ☐ Prostate Cancer
- ☐ Breast Enlargement
- ☐ Rapid Weight loss
- ☐ Hair loss
- ☐ Hypoglycemia
- ☐ Anger / Irritability
- ☐ Bone loss (Osteoporosis)
- ☐ Age and Liver spots
- ☐ Dry aging skin
- ☐ Insomnia
- ☐ Diabetes
- ☐ Spondylitis (Upper Back Pain)

☐ Any Other _____

Enlarged Prostate: Yes / No Describe: _____

For all Males & Females:

Your Medical History :

_____

_____

_____

History of Constipation / Loose Motions / Indigestion, Bloating, Gas, Acidity, Impotence / Lack of Sex Drive / Urinary Problems :

_____

_____

Present Symptoms:

_____

_____

_____

_____

_____

Chronic Health / Beauty Challenges you would like to overcome:

_____

_____

_____

If you use a Pacemaker, Defibrillator or are Pregnant please inform us now before you start treatment for Spondylitis or Sciatica / Pain Relief / Vita Flex Therapy.

_____

Please provide overleaf a List of Medications and all supplements (herbal and mutltivitamin) that you presently take or have taken in the past .

I certify that the facts herein are true and correct. I am willing to participate in any Program you may have for my Chronic Health / Beauty Challenges through Natural means. I understand that the Programs offered are not intended to replace Conventional Medicine, but rather to complement and enhance it. If symptoms persist or are severe, I will consult a competent medical professional immediately. I understand that all Health and Beauty Care Counseling I receive is given to me with the best of intentions and are unlicensed healing arts services in the State of California (Business and Professions Code sections 2053.5 and 2053.6). I assume all responsibilities for my actions today and in the future and hold all others harmless.

Date: _____ _____

(mm/dd/yyyy) Participant's Signature

Please provide a list of Medicines and Supplements that you PRESENTLY TAKE:
(If you need to list more items, please Xerox this page and attached extra pages as required.)

1	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

2	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

3	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

4	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

5	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

Remarks :

Please provide a list of Medicines and Supplements that you PRESENTLY TAKE:
(If you need to list more items, please Xerox this page and attached extra pages as required.)

6	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

7	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

8	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

9	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

10	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

Remarks :

Please provide a list of Medicines & Supplements that you have TAKEN IN THE PAST:
(If you need to list more items, please Xerox this page and attached extra pages as required.)

1	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

2	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

3	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

4	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

5	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

Remarks :

Please provide a list of Medicines & Supplements that you have TAKEN IN THE PAST:
(If you need to list more items, please Xerox this page and attached extra pages as required.)

6	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

7	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

8	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

9	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

10	**Brand Name**	
	Chemical Name	
	Tablet Size / mg	
	Dose	
	Duration / Years / Months	
	For What Ailments	

Remarks :

Mr. / Ms. **Date:** (mm/dd/yyyy)

Age: years, **Height:** ft in. **DOB:**

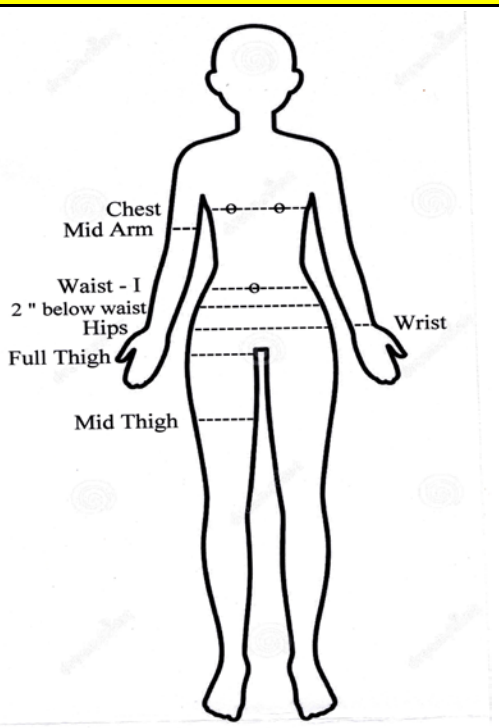
Weight: Kg / lbs **LMP Dates:**

Date of Measurement:	*	**	***
(mm/dd/yy)	(with Jeans)		
Chest			
Waist - I (at navel)			
Waist - II (2" below navel)			
Hips			
Full Thigh			
Mid Thigh			
Mid Arm			
Wrist			
Weight lbs			
Weight Kg			
Gross Body Fat (G)			
Visceral Fat (V)			
Muscle Mass			
Hydration			
Bone Mass			
Daily Calorie Intake			
Resting Calories			
Metabolic Age			
Leg Length			

*** = Before starting Detox Program**

**** = 4 weeks later**

***** = 8 weeks later**



Notes for Males and Females:

1. Please see overleaf for a set of sample measurements taken.
2. Please mention with or without jeans
3. Light clothing is prefered while taking body measurements.
4. A clean colon and improved digestion helps reduce abdominal inches. Best time to take measurements is morning after bowel motion and before breakfast.
5. Nutural Detoxification & Rejuvenation Tips to reduce abdomical inches: http://www.space-age.com/DetoxTips.pdf

Notes for Females:

6. Due to hormone imbalance body measurements can be unreliable one week before and after your periods. Try taking measurements on more favourable days
7. Correction of hormonal imbalance results in reduced inches all over body. It is very noticeable on the face and helps create a much younger look.

Remarks: For Info on Body Transformation with Case Studies: http://www.space-age.com/TotalBodyTransformation-Naturally.pdf

Date of Measurement:			
Weight in Kg / lbs			
Gross Fat % (G)			
Visceral Fat % (V)			
Resting Calories			
Metabolic Age (years)			

Body Sculpting - Naturally !

2/15/2007

Ms. Professional Model & Actress

Age: 24 years, Height: 5ft 5 in. Weight = 52.0 Kgs

	2/15/2007 (with Jeans)	3/20/2007	4/5/2007	5/15/2007 (with Jeans)	10/9/2007 (with Jeans)
Breast	34.0"	34.75"	34.75"	34.5"	34.5"
Waist - I	27.0"	26.0"	26.0"	27.5"	26.75"
Waist - II	34.0"	32.0"	29.0"	29.0"	29.75"
Hips	36.5"	36.0"	35.5"	36.0"	36.0"
Full Thigh	22.0"	21.5"	21.5"	22.0"	22.0"
Mid Thigh	19.0"	19.25"	19.5"	19.25"	19.0"
Mid Arm	9.25"	9.5"	9.5"	9.5"	9.5"
Wrist	5.75"	5.75"	5.9"	5.9"	5.75"
Weight	52.818 Kg	52.00 Kg	52.00 Kg	53.454 Kg	52.272 Kg
Fat	18.8% (-)	18.0% (-)	18.0% (-)	19.4% (-)	15.3% (-)
Hydration	56.10%	56.60%	56.40%	55.70%	58.50%
Bone Mass	4.8 lbs	4.8 lbs	4.8 lbs	4.8 lbs	5.0 lbs
Avg. Daily Calories	2002	1987	1983	2010	2040
Metabolic Age	12 years	12 years	12 years	12 years	12 years
Leg Length	42.0" even				

Remarks: Happy with present weight. Would like to increase lean muscle mass, reduce water retention and increase Bone Mass to 5.5 lbs. Some increase desired in Mid and Full Thigh measurements.

Waist II (2 inches below navel) 5 inches are reduced within 6 weeks of starting a Detoxification Program. This Model was working out in a Gym for over one year prior to Detoxification and is the mother of a 4 year old boy. Can you believe that !