

The image features a stylized illustration of two bones, likely femurs, positioned diagonally. The bone on the left is dark grey with a dense, fine-grained internal structure. The bone on the right is light orange with a more porous, honeycomb-like internal structure. A bright blue diagonal band runs across the center, separating the two bones. The text is overlaid on the dark grey bone on the left.

**Studies have shown
when taken for four
months, cortisone
can cause an 8% loss of
bone.**

Caused By High Blood Sugar

- Thousands Lose Eyesight
- Damage Retina's Blood Vessels
- Can Develop Cataracts and Glaucoma



Diabetic Complications

- High Blood Sugar can cause complications
- Heart Disease
- Kidney Disease
- Nerve Damage
- Cataracts
- Glaucoma

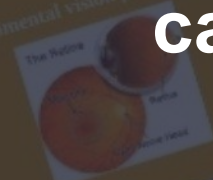


High Blood Sugar Concerns


- High blood sugar can lead to vision problems
- High blood sugar can lead to cataracts and glaucoma
- High blood sugar can lead to diabetic retinopathy
- High blood sugar can lead to nerve damage

Macular Damage

- Fluid enters the macula
- Causes blurred vision
- Can continue with serious and detrimental vision problems



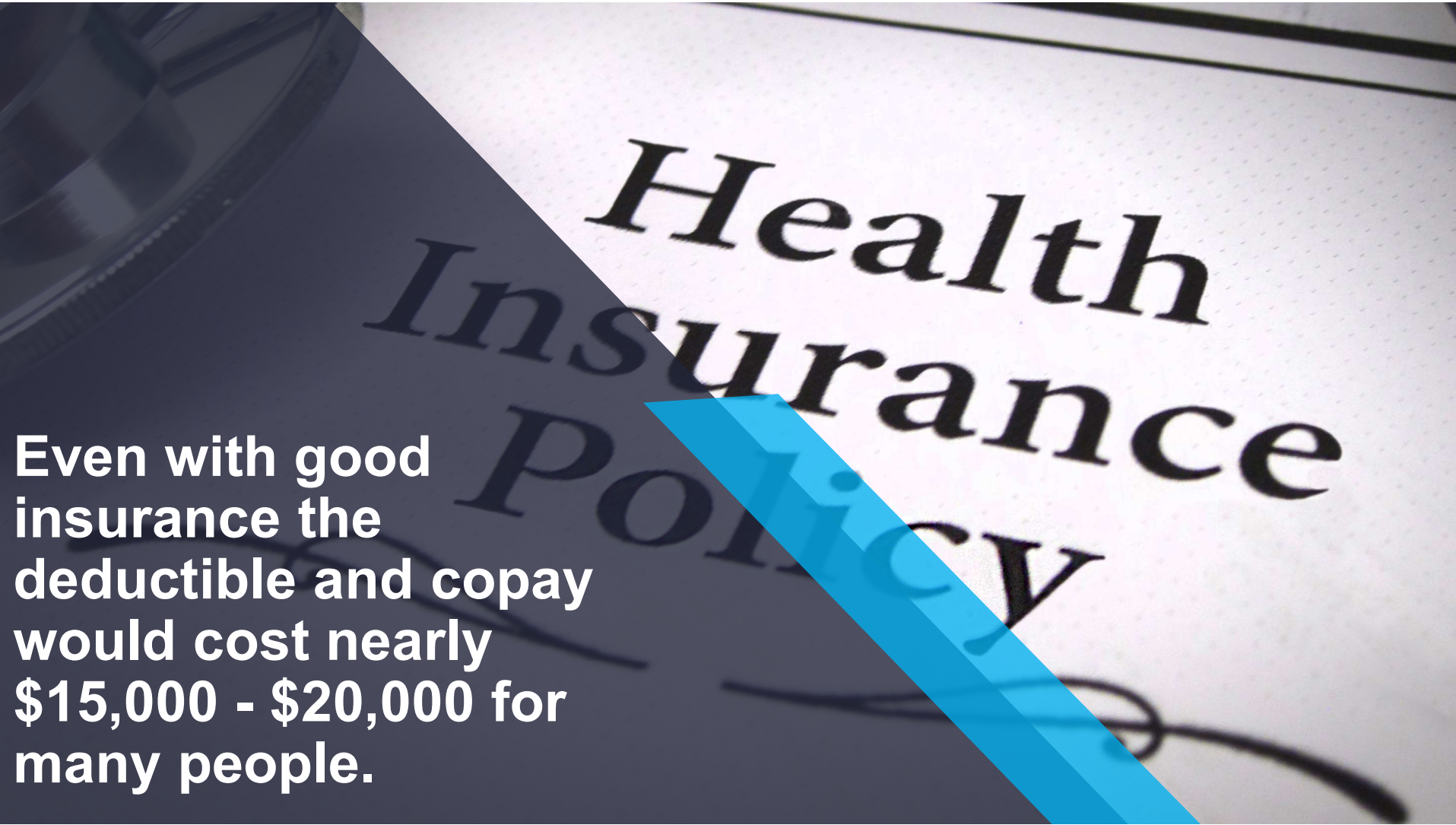
**Taken for one-year,
research shows
cortisone can cause
cataracts and elevated
blood sugar.**

A photograph of surgeons in an operating room, wearing blue scrubs, masks, and caps. They are focused on a surgical procedure. The image is partially obscured by a dark blue diagonal overlay on the left side, which contains white text. A bright blue diagonal stripe runs across the bottom right of the image.

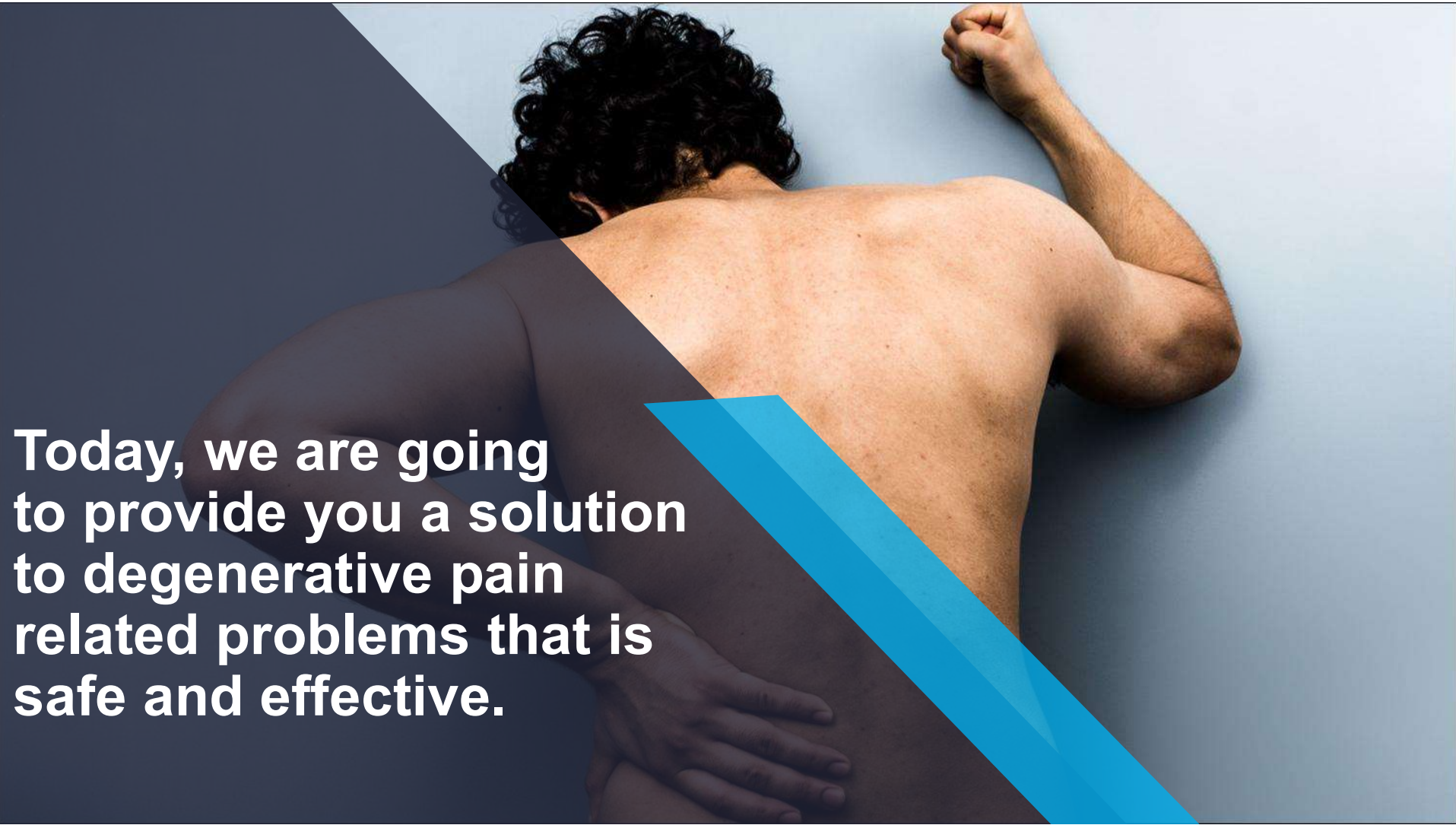
**When drugs fail, the
only alternative up until
now has been surgery.
All surgeries can have
complications.**



A knee replacement surgery costs an average of \$57,000 and is followed by 3-6 months of rehabilitation and healing.

A close-up photograph of a document titled "Health Insurance Policy". The title is printed in a large, bold, serif font. A blue, 3D-style arrow points diagonally upwards from the bottom left towards the word "Policy". The background is a dark, textured surface, possibly a desk or a folder, with some blurred mechanical parts visible in the upper left corner.

Even with good insurance the deductible and copay would cost nearly \$15,000 - \$20,000 for many people.



**Today, we are going
to provide you a solution
to degenerative pain
related problems that is
safe and effective.**



**Before we look at
solutions for you or
your loved ones I
would like you to fill
out a survey with me.**

The survey will help
me know more about
your problems.

PAIN AND STIFFNESS SURVEY



Name: _____ Date of Birth: ____/____/____
Email Address: _____ Best Day & Time to Be Reached: _____
Cell Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ # Hrs of Work Per Week: _____

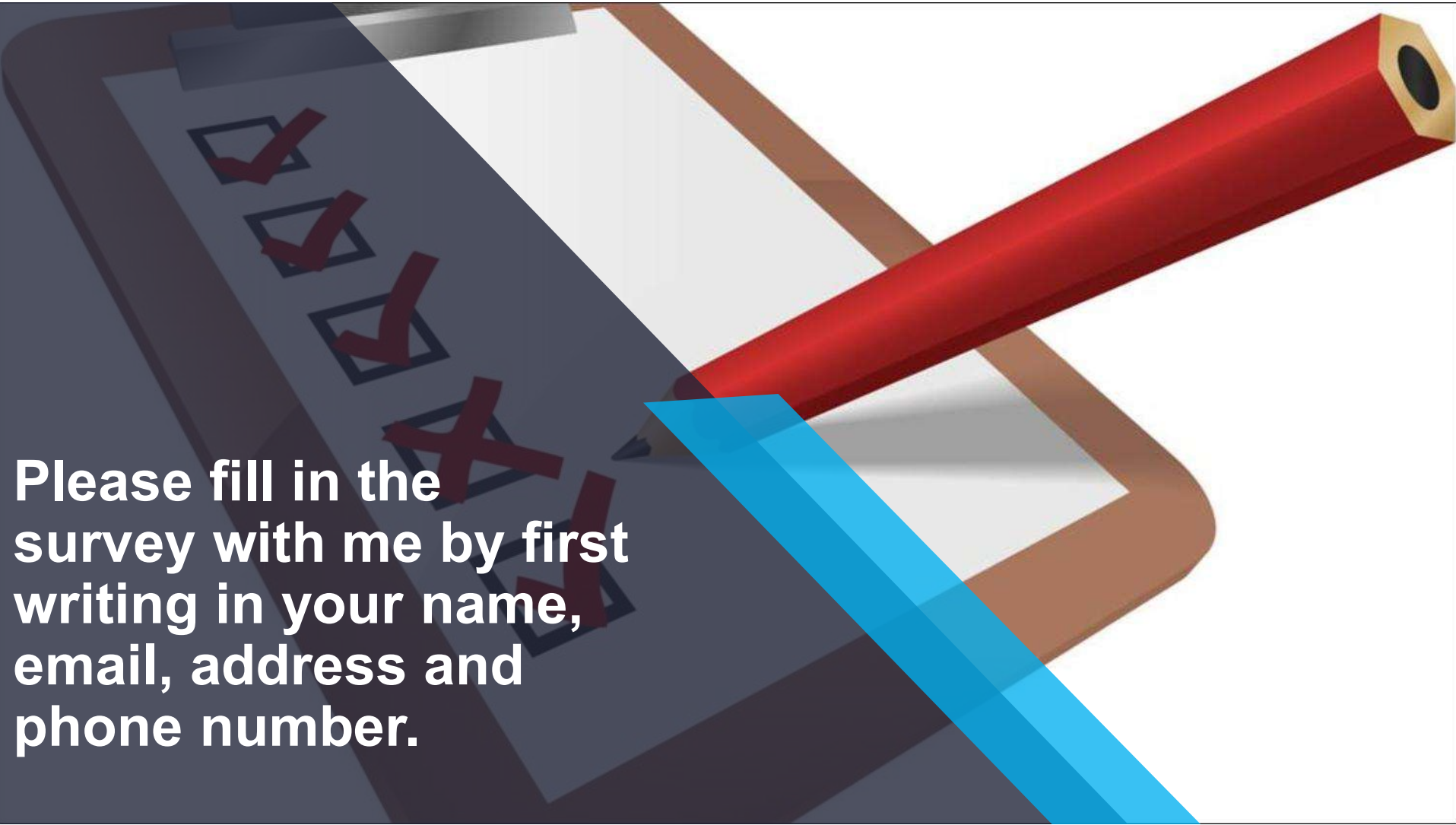
CHECK OFF WHICH OF THE FOLLOWING OCCURRED AT LEAST ONCE IN THE PAST 30 DAYS:

Pain		Decreased Motion		Swelling		Other Problems	
<input type="checkbox"/> Knee	R L	<input type="checkbox"/> Knee	R L	<input type="checkbox"/> Knee	R L	<input type="checkbox"/> Overweight	
<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Hip	R L	<input type="checkbox"/> Hip	R L	<input type="checkbox"/> Hip	R L	<input type="checkbox"/> Digestive Problems	
<input type="checkbox"/> Ankle	R L	<input type="checkbox"/> Ankle	R L	<input type="checkbox"/> Ankle	R L	<input type="checkbox"/> Dizziness	
<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Fatigue	
<input type="checkbox"/> Back		<input type="checkbox"/> Back		<input type="checkbox"/> Back		<input type="checkbox"/> Balance Problems	
<input type="checkbox"/> Neck		<input type="checkbox"/> Neck		<input type="checkbox"/> Neck		<input type="checkbox"/> Neuropathy	
<input type="checkbox"/> Wrist	R L	<input type="checkbox"/> Wrist	R L	<input type="checkbox"/> Wrist	R L	<input type="checkbox"/> Sleep Problems	
<input type="checkbox"/> Hand	R L	<input type="checkbox"/> Hand	R L	<input type="checkbox"/> Hand	R L	<input type="checkbox"/> Other	

Which of these bothers you the most? _____
On a scale of 1-10, at it's worst, how bad does it get? (1=low, 10=high) _____
How often does it bother you? _____
How long have you had the problem? _____
What could you do before this problem you cannot do now? _____

HOW DOES THE PROBLEM EFFECT YOU?

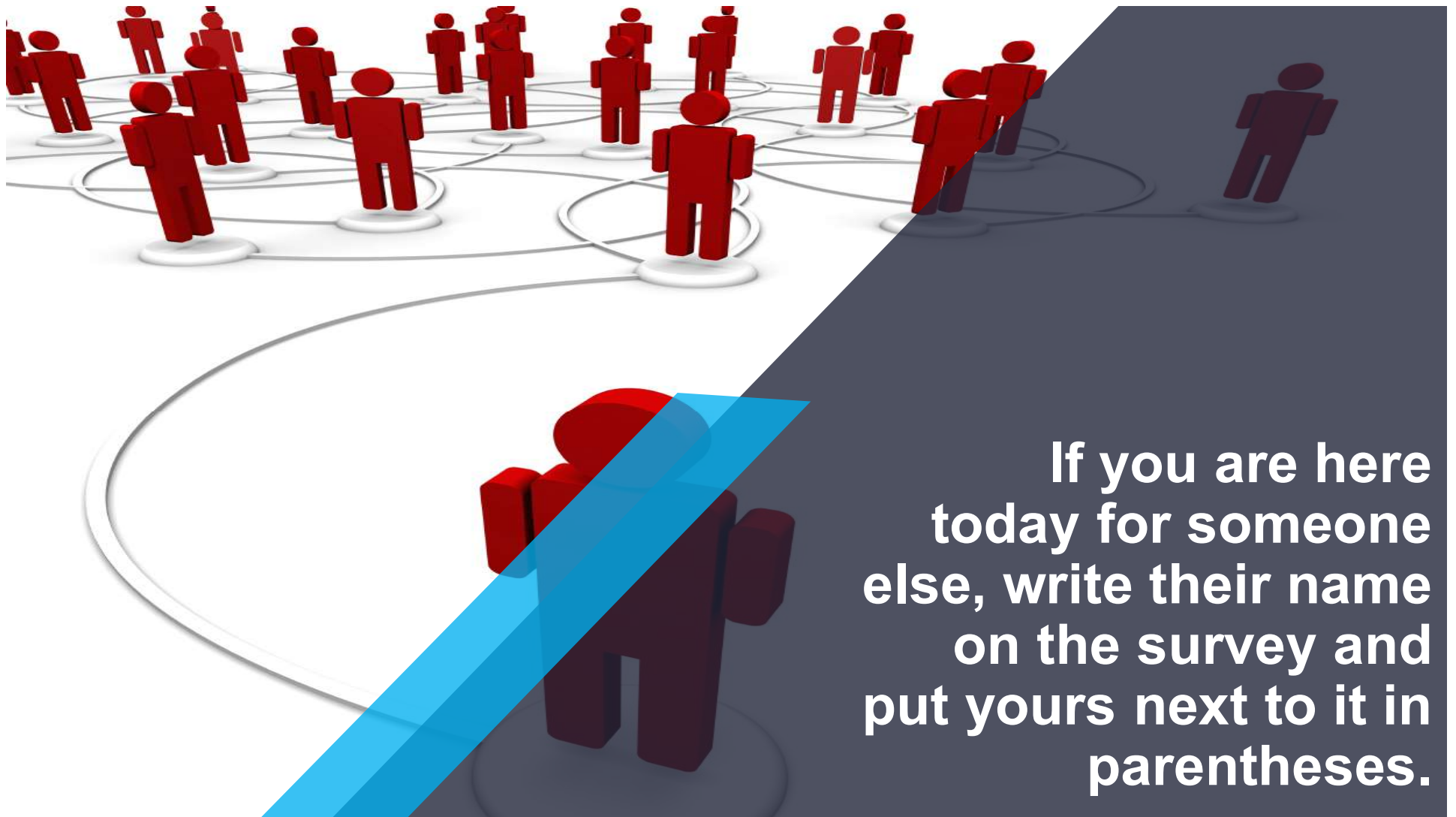
☐ Moodiness/Irritability ☐ Restricted Activity ☐ Interferes with Exercise/Hobbies
☐ Decreased Energy ☐ Burden to My Family ☐ Reduced Enjoyment of Life

An illustration of a survey form with a dark grey header and a light grey body. The header contains a list of checkboxes, some of which are marked with red checkmarks and others with red X's. A red pencil is shown writing on the form. A blue arrow points from the text towards the pencil.

**Please fill in the
survey with me by first
writing in your name,
email, address and
phone number.**




**We need your phone
number to call you.**



We also want to know about any job and the hours you work because it could worsen the problems you have.






**The first question on
the survey asks about
where you are
experiencing pain.**



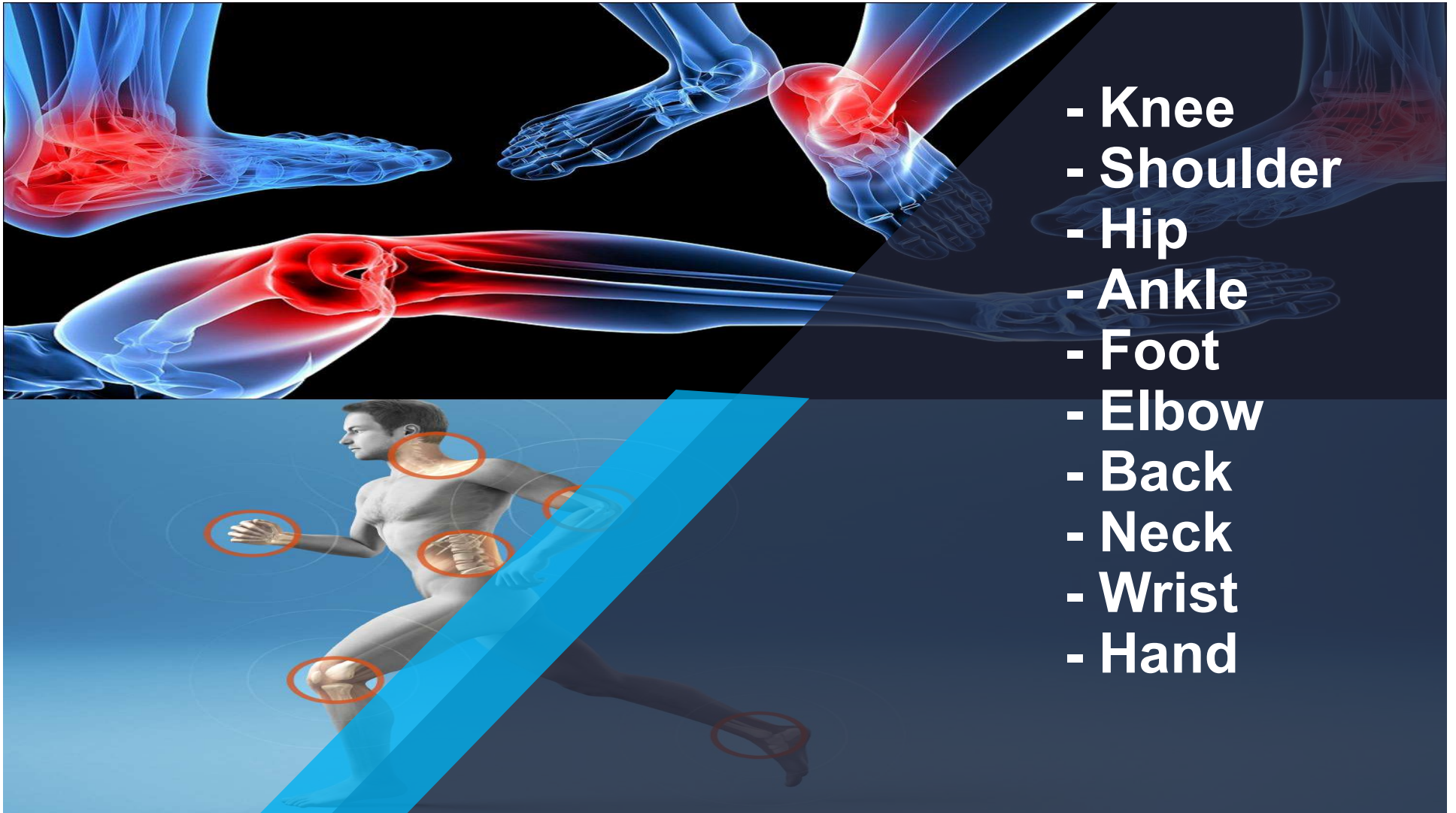
**I need to know
what problems you are
having so I can provide
you solutions that can
help you.**

**I am going to ask
you if you or your
loved one has had:**
A) Pain
B) Decreased Motion or
C) Swelling
**in the last 30 days in specific
areas of the body.**






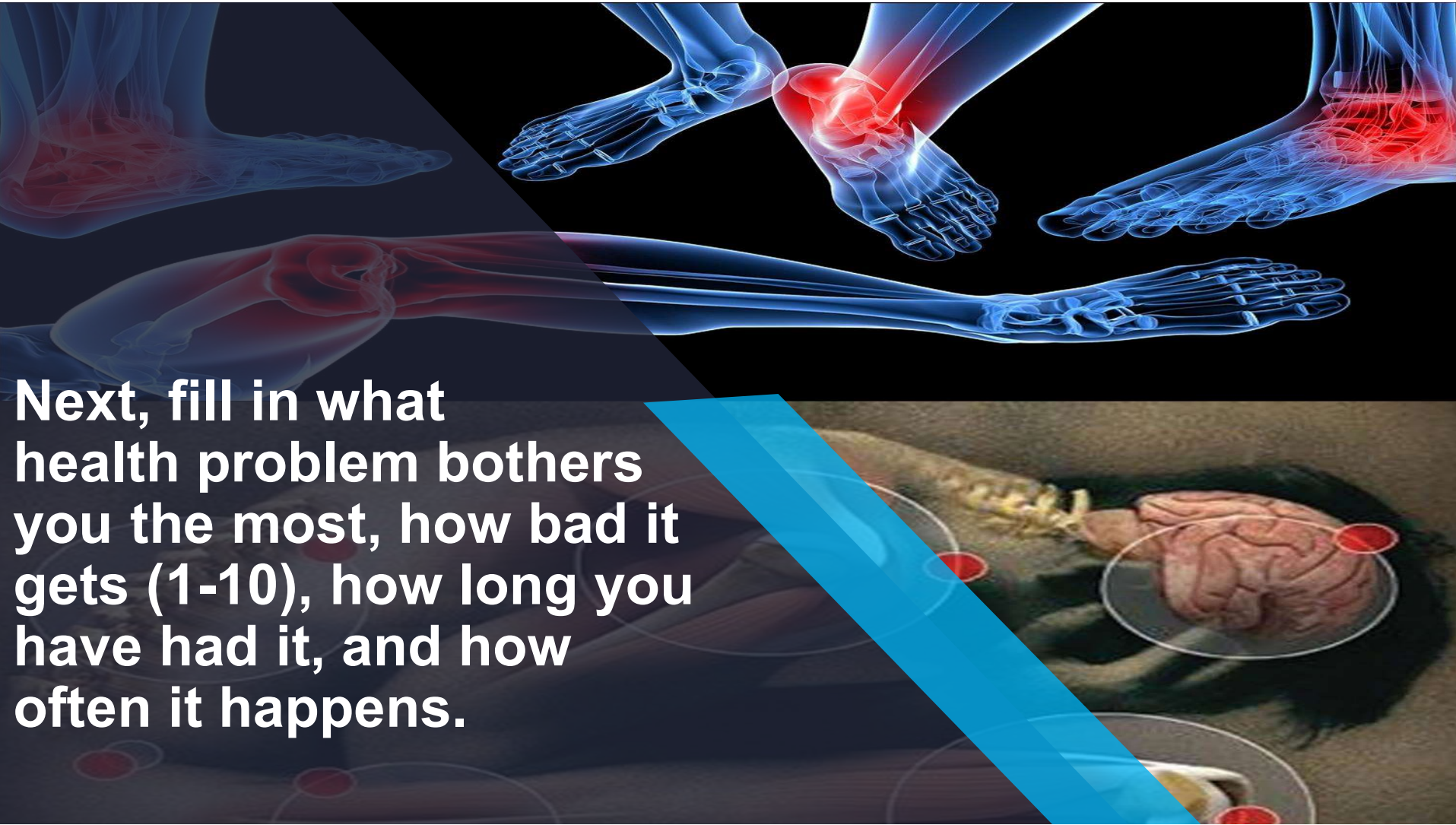
As I list parts of the body please raise your hand as well as putting a check mark next to that area of pain, decreased motion or swelling.



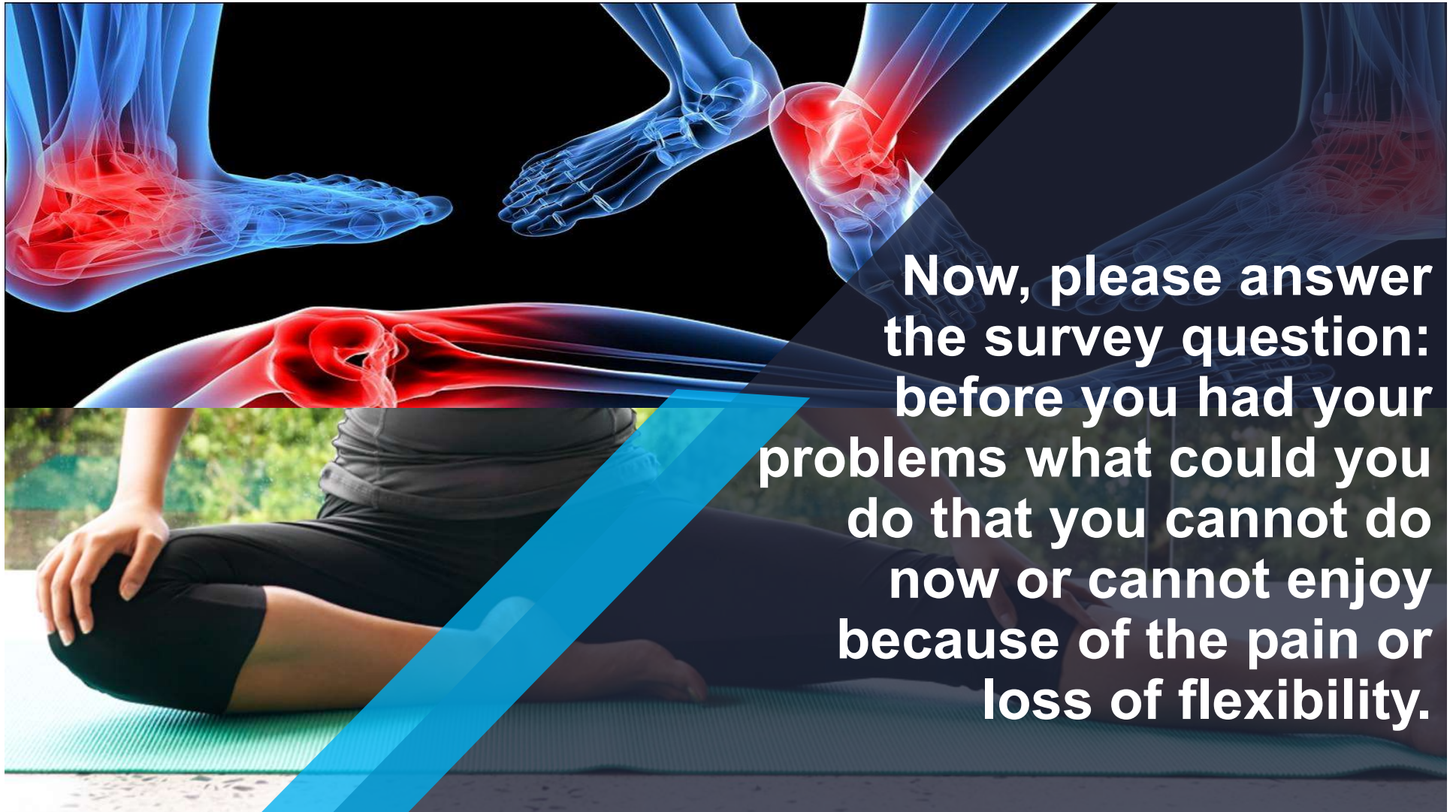
- Knee
- Shoulder
- Hip
- Ankle
- Foot
- Elbow
- Back
- Neck
- Wrist
- Hand



Now please put a check next to the “Other Problems” you might have in that column on the survey. Digestive problems can be caused by drugs you might be taking so please check the box and raise your hand if you have digestive sensitivity.

The image is a composite of medical illustrations. The top half features three blue-tinted anatomical diagrams of human joints: a knee, a hip, and a foot/ankle. The bottom half shows a brain scan with a red circular highlight on a specific area. A large, diagonal blue bar with a 3D effect cuts across the center of the image, separating the joint illustrations from the brain scan. The text is overlaid on the left side of the image, partially covering the joint illustrations and the blue bar.

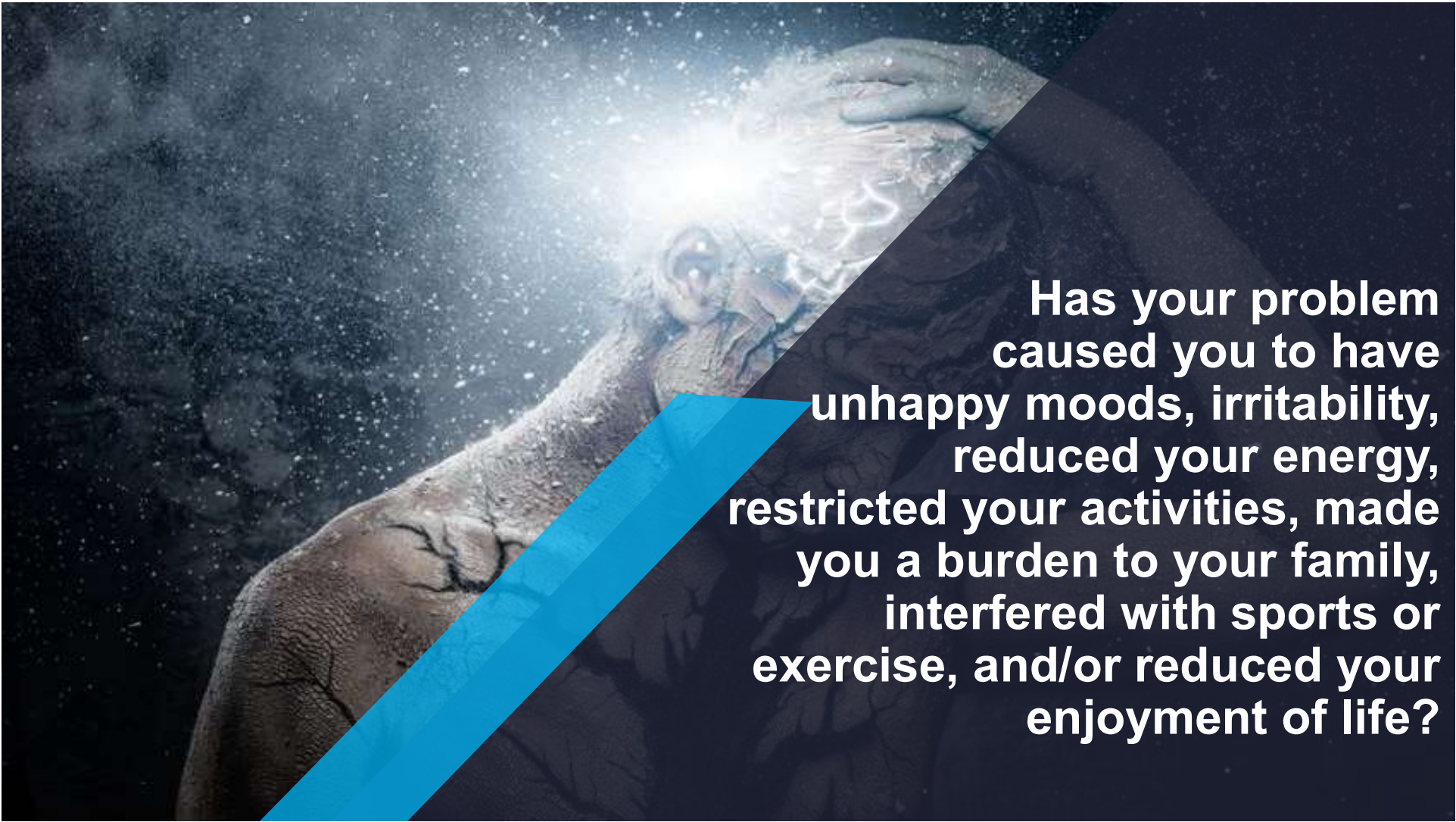
Next, fill in what health problem bothers you the most, how bad it gets (1-10), how long you have had it, and how often it happens.



**Now, please answer
the survey question:
before you had your
problems what could you
do that you cannot do
now or cannot enjoy
because of the pain or
loss of flexibility.**

**Now we need to look
at how your problems
affect you.**



A person is shown from the chest up, holding their head with both hands. A bright, glowing light source is positioned on their forehead, emitting a strong beam of light that illuminates the scene. The background is dark and textured, resembling a night sky or a cave. A diagonal blue line runs across the image, separating the person from the text.

**Has your problem
caused you to have
unhappy moods, irritability,
reduced your energy,
restricted your activities, made
you a burden to your family,
interfered with sports or
exercise, and/or reduced your
enjoyment of life?**