Dear Madam, Dear Sir,

Thank you very much for your inquiry. In reply, we are sending you our full package about the cell therapy that we are practising in the **CLINIQUE PAUL NIEHANS**.

Please find enclosed:

- Informations-Conditions
- Registration Form
- Medical Questionnaire

The development of the art of healing – and this is something that many scientific experts agree on – clearly points in the direction of bio-medicine.

Cell Therapy is a treatment that, by using fetal and youthful cell material into your system induces general and revitalizing effects on your organism.

End of 2006 **CLINIQUE PAUL NIEHANS** moved from the Hôtel des Trois Couronnes close to the beautifully renovated Hôtel du Lac, [www.hoteldulac-vevey.ch](http://www.hoteldulac-vevey.ch), on the border of Lake of Geneva in front of the Yacht Harbour with magnificent view over the Lake and the Swiss and French Alps.

Our secretarial desk and our qualified nursing staff will offer their smiles and their very special attentive care to you, so that your stay will be pleasant and unforgettable.

Naturally, we are at your entire disposal for any further information you may require and for replying to any question you would like to ask.

We are looking forward to hearing from you in the very near future.

Yours sincerely.

**CLINIQUE PAUL NIEHANS**

**Encs:** as mentioned
INFORMATIONS – CONDITIONS

1) ADMINISTRATION AND ORGANIZATION

Founder: Mrs Coralie Lüthi-Niehans †
Consultant of plastic surgery: Dr Claude Oppikofer, MD
Director and medical supervisor: Dr Edouard Bärschi, MD FMH, Neurologist
Daughter of Prof. Dr Paul Niehans MD

2) CELL THERAPY WITH LYOPHILISED CELL EXTRACTS

A) Cell therapy course - OPTION 1

*Sunday
Arrival day. Accommodation in the Hotel of your choice. We recommend specially the Grand Hotel du Lac, next door to the Clinic or, as alternative Hôtel des Trois Couronnes, 5 minutes walk from the Clinic.

Monday
Check-up day. A blood sample is taken (on empty stomach) for routine lab tests and the morning urine collected. Then an ECG (electrocardiogram) will be recorded and you will be seen by the Doctor. Breakfast in the Hotel. The rest of the day is free for local tourism, wellness or complementary treatments until your appointment for the cell therapy.

Monday pm
Cell Therapy. Usually 6 injections are applied deep under the skin in the buttock. After the injections you have to observe complete rest in your Hotel room

Tuesday
Doctors visits. Rest or optional complementary treatments, or wellness in Hotel Spa.

Wednesday
Doctors visits. You can get out for local tourism.

Wednesday or Thursday
Medical check out. Departure or optional complementary treatments and tourism.

*Arrival day can also be Monday or Tuesday upon our availabilities.

B) Cell therapy course – OPTION 2

This course is for patients who would like to undergo the routine lab tests and ECG with their own doctor in their country. These examinations must have been made during the six months before the cell therapy and sent to our Clinic before your arrival (at least 3 weeks in advance).

*Sunday
Arrival day at the Hotel

Monday am
Medical consultation and cell therapy. After injections complete rest in the Hotel room. Doctors visit in late afternoon.

Tuesday
Doctors visits. Rest or optional treatments or wellness in the spa.

Wednesday or Thursday
Medical checkout. Departure or optional treatments, wellness, local tourism.

*Arrival day can also be Monday or Tuesday upon our availabilities.

You can resume your normal usual activity one week after cell therapy.
THE JOURNEY TO THE CLINIQUE PAUL NIEHANS FROM GENEVA INTERNATIONAL AIRPORT

By car: Motorway Lausanne-Simplon; take the Vevey exit and direction: centre of town
By train: To Vevey railway station, then by taxi, to the Hôtel du Lac or Hôtel des Trois Couronnes
By air: On special request the limousine driver of the Hotel will pick you up.

ACCOMMODATION

Accommodation in well-appointed rooms with private bath, telephone, radio and television, breakfast in the Grand Hôtel du Lac or Hôtel des Trois Couronnes. You have a choice of various menus for the midday and evening meals « à la carte ».

RESERVATION FOR CELL TREATMENT

CLINIQUE PAUL NIEHANS
Quai Perdonnet 3, CH – 1800 VEVEY, Switzerland
By phone: 41/ 21/ 922 62 42
By fax: 41/ 21/ 922 61 53
By e-mail: infos@paulniehans.ch

HOTEL RESERVATIONS have to been done separately; please consult the separate hotel price lists.

Accommodation in: Grand Hôtel du Lac (close to the Clinic) www.hoteldulac-vevey.ch
Our patients get a special corporate price, please mention to the hotel that you are our patient.

Accommodation in: Hôtel des Trois Couronnes (5 minutes walk from the Clinic) www.hoteltroiscouronnes.ch please consult separate sheet with the special corporate prices for our patients.

EXTRAS

Telephone calls, use of the fax, drinks, surcharge for suites or accompanying persons, and transfers to or from the airport or railway station are charged separately according to expenditure.

MEDICAL EXTRAS

The supplementary treatments, the special laboratory analysis which are not included in the routine laboratory tests under point 6, are billed separately, as well particular preparations, medicines and fees for a visit an external doctor/cosmetics.

MODE OF PAYMENT

The payment for the invoices, concerning the accommodation and the medical treatments, is made separately on the day of departure, at the Clinic and at the reception desk of « Grand Hôtel du Lac » or « Hôtel des Trois Couronnes », it can be carried out either cash, or by means of a credit card (Eurocard, Master Card, Visa, American Express) or by personal checks in Swiss Francs on a Swiss bank or by Traveller’s cheques.
Payment for the medical treatments can also be carried out in advance by banking remittance to our bank: Details will be remitted upon a reservation.
REGISTRATION FORM

Family Name: ___________________________ First Name: ___________________________ M / F: ________________

Date of Birth: ___________________________ Address: ___________________________

Postal/Zip Code & City: ___________________________ Country: ___________________________

Private Telephone Nr: ___________________________ Private fax Nr: ___________________________

Office Telephone Nr: ___________________________ Office fax Nr: ___________________________

E-mail: ___________________________ Profession: ___________________________

Date of cell therapy: ___________________________

☐ I will do the preliminary Lab tests and ECG in the Clinic Paul Niehans (OPTION 1)
☐ I will send in advance (at least 3 weeks) my preliminary Lab tests and ECG (OPTION 2)

Accommodation:

I made my Reservation in

Grand Hôtel du Lac ☐ Hôtel des Trois des Couronnes ☐

Other Hotel ☐ Name of Hotel:

Date of hotel check-in: ___________________________

Mode of payment:

☐ Credit card // Eurocard ☐ Visa ☐ American express ☐

Nr: ___________________________ Valid thru: ___________________________ Security code: ______________

☐ Payment in advance by banking remittance to the UBS Bank

☐ By cash

Place & Date: ___________________________ Signature: ___________________________
**Medical Questionnaire**

(Family Name: ___________________  First name: ___________________)

Date of Birth: ___________________  Female or Male: ________  Date of treatment: ______________

- General tiredness
- Sleeplessness
- Excessive need of sleep
- Diminution of physical efficiency
- Diminution of mental efficiency
- Failing memory
- Lack of concentration
- Premature ageing
- Stress
- Heart and circulation disturbances
- Headaches
- Giddiness
- Migraine
- Decrease of potency
- Troubles of menopause
- Menstruation troubles
- Weight increase
- Weight decrease
- Overweight
- Constipation

**Liver ailments**
- a) Hepatitis, when?
- b) Jaundice, when?
- c) Gall-stones? Operated? When?

**Kidney ailments**
- a) Kidney stones? Operated? When?

- Diarrhea
- b) Nephritis (inflammation of kidney)?
- c) Nephrosis

**Do you pass water**
- a) With difficulty?
- b) Frequent during the night?
- c) With burning sensation?

**Diabetes**
- a) Insulin? How much?
- b) Medezines, which and how much?

**Pains in joints or limbs**
- a) Shoulders
- b) Back of neck
- c) Elbows
- d) Hand joints
- e) Knees
- f) Ankle joints
- g) Spine column (cervical, thoracic, lumbar)

**Allergies; allergic to:**

**Have you already received our cell therapy?**
- YES Date: _______________  NO

Signature: ___________________  Date: ___________________