



## INTEGRATIVE REGULATORY THERAPY \$24,500.00 USD

Up front payment in a form of a cashier's check made out to Oasis, S.C.

FORM #1

### The 1<sup>ST</sup> Cycle includes the following:

#### Laboratory Exams and Health Profile

- 1 CT Scan (as indicated)
- 1 Chest X Rays
- 1 Wellness profile # 71 (CBC, Chemzyme Plus, Urinalysis, Thyroid panel)
- 1 PT
- 1 PTT Activated
- 1 Tumor Marker

#### Professional Medical Assistance

- 1 Complete Physical Exam
- Daily visits by Oasis medical Staff
- Nursing attendance 24 hrs.
- 3 Medical Sessions about your case

#### Tumoral Cytotoxic Therapy

- 12 Infusions of Kemdalin (Amygdalin)
- Daily Mega doses of Melatonin supplementation
- 20 infusions of Mega doses (30 gr) of Vitamin C
- 5 Infusions of Perftec 200 ml (Oxygen carrier)
- 8 Sessions of Ozone-AHT
- 8 Sessions of UV light Blood Irradiation

#### Regulatory Modulatory Therapy

##### Antitumoral Regulatory Proprietary Blend substances that:

- Inhibits over expressed tumoral cell signaling pathways
- Sensitizers tumoral cells
- Enhances the immune system
- Protects normal cells

#### Hospital Room & Meals for Two

- Room for patient and one companion for 17 nights.
- Three meals a day for patient and companion

#### The program does not include:

Bone scans, Ultrasounds, Surgeries, Blood transfusions, extra X-rays and lab work, or other medications, home care program, which would be indicated as necessary by your physician.

#### HOME CARE PROGRAM (Three month supply) \$ 3,000.00 USD.

Payable to KEMSA LABORATORIES, S.A. de C.V. in traveler check's

I hereby express my agreement that the above list includes all the services that are included in the treatment that I will receive during the 24 days of the 3 cycles of Therapy. These services are the only ones covered by the total payment of \$24,500.00 usd. (Twenty Four Thousand & Five Hundred dollars 00/100 usd). Any additional services that my physician recommends and that is not included in this list, will be charged to my account at the price set by the hospital, which I agree to pay.

#### Mexican Immigration Regulations

Mexican Immigration Office requires all foreign visitors to comply with the following regulations:

Acquire Immigration Tourist Permit at Port of Entry

Cost of permit is \$21.00 Usd.

Permit may be issued for 7 days up to six months

#### Necessary Identification Documents:

Valid Passport or

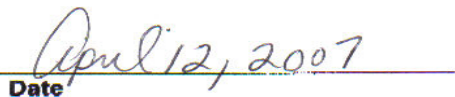
Original or certified copy of Birth Certificate, w/picture ID (for US and Canadian citizens only)

Certificate of Naturalization w/picture ID (for US and Canadian citizens only)

Legal Resident Card (for US residents only)



Patient Signature



Date



## INTEGRATIVE REGULATORY THERAPY

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FORM #2

The 2<sup>nd</sup> Cycle includes the following:

### Laboratory Exams and Health Profile

- 1 CT Scan (as indicated)
- 1 Wellness profile # 71 (CBC, Chemzyme Plus, Urinalysis, Thyroid panel)
- 1 Tumor Marker
- 1 EORTC Q-30 Quality of Life Assessment

### Professional Medical Assistance

- 1 Complete Physical Exam
- Daily visits by Oasis medical Staff
- Nursing attendance 24 hrs.
- 1 Medical Sessions about your case

### Tumoral Cytotoxic Therapy

- 4 Infusions of Kemdalin (Amygdalin)
- Daily Mega doses of Melatonin supplementation
- 8 Infusions of Mega doses (30 gr) of Vitamin C
- 2 Infusions of Perftec 200 ml (Oxygen carrier)
- 3 Sessions of Ozone-AHT
- 3 Sessions of UV light Blood Irradiation

### Regulatory Modulatory Therapy

#### Antitumoral Regulatory Proprietary Blend substances that:

- Inhibits over expressed tumoral cell signaling pathways
- Sensitizers tumoral cells
- Enhances the immune system
- Protects normal cells

### Hospital Room & Meals for Two

- Room for patient and one companion for 5 nights.
- Three meals a day for patient and companion

The program does not include:

Bone scans, Ultrasounds, Surgeries, Blood transfusions, extra X-rays and lab work, or other medications, home care program, which would be indicated as necessary by your physician.

### HOME CARE PROGRAM

I hereby express my agreement that the above list includes all the services that are included in the treatment that I will receive during the 24 days of the 3 cycles of Therapy. These services are the only ones covered by the total payment of \$24,600.00 usd. (Twenty Four Thousand & Five Hundred dollars 00/100 usd). Any additional services that my physician recommends and that is not included in this list, will be charged to my account at the price set by the hospital, which I agree to pay.

### Mexican Immigration Regulations

Mexican Immigration Office requires all foreign visitors to comply with the following regulations:

Acquire Immigration Tourist Permit at Port of Entry

Cost of permit is \$21.00 Usd.

Permit may be issued for 7 days up to six months

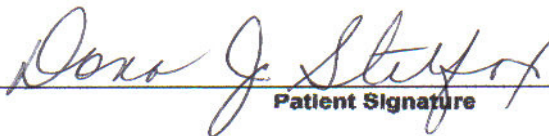
### Necessary Identification Documents:

Valid Passport or

Original or certified copy of Birth Certificate, w/picture ID (for US and Canadian citizens only)

Certificate of Naturalization w/picture ID (for US and Canadian citizens only)

Legal Resident Card (for US residents only)

  
Patient Signature

  
Date

FORM #3

Oasis

BODY, MIND AND SPIRIT  
CANCER TREATMENT

# OASIS REGISTRATION FORM

LAST NAME Stelfox FIRST NAME Dore  
(Current Legal Name) (Current Legal Name)

ADDRESS 23343 Hill Lane CITY Lewes

STATE DE ZIP 19958 COUNTRY Sussex

ARRIVAL DATE \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

AIRLINE \_\_\_\_\_ FLIGHT # \_\_\_\_\_

Dore J. Stelfox  
SIGNATURE