Fiorela Clinic Spain and Honduras

Intensive Theoretical and Practical Course

“INTRADISCAL SPINE COLUMN TREATMENT WITH OZONE, STEM CELLS FROM BONE MARROW, CD34+ CELLS AND CONCENTRATED GROWTH FACTORS (CGF)”.

Practice on real patients in operating room

Language: English
Maximum Capacity: 5 persons
March 13th -14th 2017

Fiorela Clinic is pleased to invite medical doctors, orthopedists, traumatologist, anesthesiologists, neurosurgeons.

Venue
Fiorela Clinic
12 Ave. 8 y 9 calle N.O. #31, Barrio Los Andes, San Pedro Sula (Cortés), Honduras.
Telephones: (+00 504) 2558-9441 / (+00 504) 2558-9442. Mobile: (+00 504) 9455-6382
http://www.clinicafiorelahn.com/
consultas@clinicafiorela.com

Price
5,000 USD

Coffee breaks and Lunches included

Director
Dr. Adriana Schwartz

Teachers

Dr. Adriana Schwartz, MD (SPAIN)
- Scientific Director Fiorela Clinic Spain and Honduras
- Specialist in Pain Management
- Specialist in Gynecology
- Professor of Ozone Therapy Module, Masters in Aesthetic and Anti-Aging Medicine, Complutense University, Madrid.
- President of AEPROMO (the Spanish Association of Medical Professionals in Ozone Therapy), www.aepromo.org.
- President of IMEOF (International Medical Ozone Federation), www.imeof.org.
• Director, Spanish Journal of Ozone Therapy (Revista Española de Ozonoterapia). Annual, bilingual (English, Spanish), online, free access and peer review journal. http://www.xn--revistaespaoladeozonoterapia-7xc.es/index.php/reo
• Author of several papers and books.

Dr. Víctor Pereyra
• Dr. in medicine specialist in neurosurgery
• Specialist in Spine Surgery
• Founding member of the Argentina Association of minimally invasive spine surgery.
• Director of Ozone-therapy unit at the Matera Foudantion- Tandil of the Hospital Ramón Santamaría. Argentina

Dr. Eva Serrano, MD (Honduras)
• Dr. in medicine, Fiorela Clinic Honduras.
• Expert in Ozone Therapy and Concentrated Growth Factors
• Diploma in Aesthetic Medicine
• Teacher of AEPROMO

SCIENTIFIC PROGRAMM

1.1. Biochemical and Biological Bases of Ozone Therapy
1.2. Mechanism of Action of Ozone in Spine
1.4. Concentrated Growth Factors (CGF), PRPO3: Studies, properties and functions.
1.5. Indications and Contraindications. Biosafety.
1.7. CGF Technique of Preparation. CGF Anticoagulation and Activation. Protocols.
1.8. Stem cells from bone marrow (sternum). Functions, properties, technique of extraction.

2. PRACTICES ON REAL PATIENTS IN OPERATING ROOM

BASIS OF THE COURSE
• The aim of the course is when you go back to your clinic you may begin carrying out the preparation and implementation of the CD34+ cells and Concentrated Growth Factors and Stem Cells, with confidence and thus make a difference.
• This is a very practical course where you go from theory to practice under the supervision of the expert.
• You may acquire the security and confidence to start incorporating this treatment in your practice.
• Practices are held on real patients.

AN UNIQUE PRACTICE DESIGN
Our practice program has two parts:
1. MASTER CLASS: The teacher will work with a small group of students.
   SUPERVISED PRACTICE: Hands-On Session

WHY TO DO THE TRAINING WITH US?
• You will learn from the best!! We have a pioneer recognized team in the field of ozone therapy and concentrated growth factors in the world.
• The course has a structured and effective model of training.
• The practice is personalized and supervised by experts.
• The supervised practice included in the program will give you the trust and confidence necessary to start these treatments in your own professional facilities.
• You will be given all the didactic information (in digital version)

What will bring this course to you?
• It will be a unique and unforgettable experience of your professional development.
• Boost your abilities.
• Expand services to your patients.
• Security and trust.
• Overcome your

What is included in the price?
Attendance at the theoretical session, supervised practice, student kit (products used in the supervised practice), teaching materials in digital format (presentations), auxiliary disposables materials (all ozone resistant supplies, gowns, booties, masks, hats, gloves, needles, tubes, extraction kits, etc.), coffees, lunch and certificate issued by Fiorela Clinic. Transport from hotel to Clinic and back.

How to formalize the reservation?
Complete the below registration form and submit it to medizeussl@gmail.com or filling directly the online form in http://medizeus.com/es/
The price of the course is 5,000 €

The price of this type of treatment can vary between US$ 5000-6000 / person, so the return of the investment is very fast.

Booking

Book your place paying now non refundable 200 € by credit card (Visa or Master Card), or PayPal. The rest can be paid before the course; or the same day of the course in cash or by credit card (Visa or Master Card).

FORMS OF PAYMENT

Option 1. Payment by Credit Card Credit cards accepted: Visa and Master Card. Proceed as explained there.

Option 2. Payment through PayPal.

Only for persons with bank account in USA or Canada we offer the option to pay by money transfer to Miami Citibank Account

COD SWIFT: CITIUS33

Citibank, N.D., branch office 017, Miami, Florida. ABA 266086554

Beneficiary: Edison Foster Schwartz

Account number: 9135412560

REGISTRATION RETURN POLICY

Given the personalize nature of this course, the small group of participants, and the complex logistical organization of the event, once the reservation deposit is done, no refund will take place.

For any questions or doubts feel free to contact us at phone:

Spain (+34) 91 373 26 69. Cell phones: (+ 34) 645 390 796; (34) 669 685 429

or email medizeussl@gmail.com or consultas@clinicafiorela.com
APPLICATION FORM
fill out, scan and send it to medizeussl@gmail.com

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Name and surname: __________________________________________________

Address: ____________________________________________________________

City ___________________________Country _____________________________

Area Code _______________________  Phone (s)_________________________________________________________

Cell ________________________________________________________________

E-mail________________________________________________________________

Profession____________________________________________________________

Specialty______________________________________________________________

Signature: _____________________________________________________________

Date: _________________________________