

Thank you for choosing our services. This consent form is designed to facilitate your order for specialized clinical products, as recommended by your healthcare practitioner. Our range includes various health and clinical products tailored to enhance your post-service care and overall well-being.

CUSTOMER INFORMATION:

FIRST NAME	LAST NAME	MIDDLE	DATE OF BIRTH
EMAIL			

SHIPPING DETAILS:

FIRST NAME	LAST NAME	MIDDLE	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

FORM OF PAYMENT: VISA MC AMEX DISCOVER

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE
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I would like to enroll in Subscribe and Save. By opting to enroll in the Subscribe and Save program, you acknowledge that this is your initial order under the program. For seamless processing, an automatic form of payment must be on file. Please provide your credit card information and initial the space to confirm your enrollment. Subscribe and Save orders will be automatically repeated each month and can be modified or cancelled at any time upon your request.

CARDHOLDER SIGNATURE (REQUIRED) **This is a one-time single order (non-Subscribe and Save)**

CONSENT AND ACKNOWLEDGEMENT:

- I confirm that the information provided is accurate and complete.
- I hereby consent to place an order for products recommended by my practitioner or service provider as part of my post-service protocol. I understand that these products will be drop-shipped to my house as per the details I have provided.
- I acknowledge that I have been recommended one or more clinical products by a qualified practitioner. I understand that these products are intended to support my treatment and overall health. While benefits are expected, I am aware of any potential risks or side effects, as discussed with my practitioner.

AGREEMENT CONFIRMATION

CUSTOMER NAME & SIGNATURE	PRACTITIONER/REPRESENTATIVE NAME & SIGNATURE
DATE	DATE

To ensure that we provide you with the best possible experience and cater to your unique needs, we kindly ask you to complete this brief form.

Your health, well-being, and satisfaction are our top priorities. By sharing some essential information with us, you enable us to tailor our products/services specifically to your preferences and requirements.

Rest assured that all the information you provide will be treated with the utmost confidentiality.

We appreciate your time and effort in completing this form and look forward to serving you with excellence.

Do you have any known allergies? If yes, please specify.

Are you allergic to any specific ingredients commonly found in skincare/beauty products?

Do you have sensitive skin or any known skin conditions?

Are there any specific ingredients you prefer to avoid in your products?

Are you currently pregnant or breastfeeding? (Some ingredients may not be suitable for use during pregnancy or breastfeeding.)

Have you experienced any adverse reactions to skincare, collagen, or weight loss products in the past?

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