



Registration Form

Name: _____ **DOB:** _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email address: _____
Contact phone: _____

Payment (only fill this section out if you are faxing in)

Type: MasterCard Visa American Express Discover Cash

Name or as it appears on card: _____

Credit card number: _____ Expiration date: _____

3 digit code (Visa/MasterCard/Discover) on back: _____ 4 digit code (Amex) on front: _____

Card Holders Signature: _____

Billing Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Cellular phone: _____ Home phone: _____

Email address: _____

Please do not contact me via email

Please Mark the box of the protocol that you are signing up for today

- 40 Injection \$585 (everything included)**
- 23 Injections \$435 (everything included)**
- Bathroom Scale \$20** **Kitchen Scale \$15** **Stevia \$8**
- Replacement Vial \$10.00 per injection \$_____** **Crackers \$3**
- Lower Bowel Formula \$10.00** **Shipping \$10.00**

Please charge my credit card or accept my cash for this service.

I understand that results may vary and once I have begun the protocol I am committed to seeing it through and may not be entitled to a refund.

I understand that I will receive lab work, visits, HCG medication, supplies, and email correspondence for this fee.

In the event of a dispute between This Office and the patient (The Parties), The Parties agree to settle the dispute by way of arbitration. This arbitration shall be governed by the laws of the State of Utah.

Patients Signature: _____ Date: _____