

## PLACENTA SERVICES BOOKING FORM

Mother/Birthing person's name:		Partner's name: (if applicable)	
Mother/Birthing person's mobile:		Partner's mobile: (if applicable)	
Email:			
Home address:			
Planned place of birth:		Hospital:	
Estimated due date:		First baby?:	YES/NO

<b>For our own and your protection, please answer honestly:</b>	<b>Answer YES/NO</b>
<b>Have you ever tested positive for AIDS, HIV, Hepatitis B, Hepatitis C or CJD?</b>	
<b>Have you smoked regularly during pregnancy?</b>	
<b>Have you been prescribed regular medication during your pregnancy?</b> <i>If YES, you must seek approval from your prescribing doctor before your booking can be accepted.</i>	
<b>Have you informed your midwife that you wish to keep your placenta?</b>	
<b>Are you allergic or intolerant of any foods? <i>If YES, please list here:</i></b>	

**You are booking with Becki Scott - a qualified IPEN Placenta Remedies Specialist  
Tel 07793 936665**

<b>PACKAGE INCLUDES placenta collection from hospital or home, preparation and delivery/postage of products back to you</b>	<b>Price</b>	<b>Answer YES/NO</b>
Simple Dried Placenta Capsules	£200	
Steamed Dried Placenta Capsules	£200	
50/50 half and half Simple/Steamed Dried Placenta Capsules	£225	
Raw Placenta Smoothie (home births only & only in addition to encapsulation)	£40	
Placenta Tincture (only in addition to encapsulation)	£65	
Homeopathic Placenta Remedies 30c & 7c (only in addition to encapsulation)	£65	
Placenta Print (only in addition to encapsulation)	£10	
<b>Your Chiller Pack will be delivered between 37-38 weeks gestation unless otherwise agreed Your placenta can only be prepared after safe storage has been verified Mileage charged at 45p per mile beyond a 20 mile radius of NN14 1TR</b>		



Please read and sign the below to confirm your booking for a placenta encapsulation service. On receipt of this form you will be invoiced for the non-refundable deposit of £50, unless there is less than 4 weeks until your estimated due date, in which case, you will be invoiced for the whole fee.

**Becki Scott, 38 Long Breech, Mawsley NN14 1TR**  
**mothersspirit@outlook.com**

### Terms and Conditions

1. Clients who choose to utilize the service take full responsibility of their own health and for researching and using the remedies provided in this service. The specialist does not give any warranty or representation that benefits are guaranteed and does not take responsibility for any results or effects the client may experience before, during or after consuming their remedies.
2. Placenta remedies are recommended for the client's own use only.
3. The specialist will not provide services for clients who have ever tested positive for HIV/AIDs, Hepatitis B and/or Hepatitis C.
4. The client is encouraged to follow the placenta storage guidelines provided by the specialist.
5. The specialist reserves the right to refuse services based solely on their professional opinion of the situation.
6. The specialist will not share private information of the client with third parties and will only keep and securely store the information for as long as legally required.
7. In the case of holiday, illness or emergency another IPEN trained specialist will carry out the work on behalf of Becki and you will be notified of any change as early as possible.
8. The £50.00 booking fee is non-refundable.
9. IPEN would like to contact you approx. 6 weeks after the birth of your baby to ask you to complete a short questionnaire about the service you received and your experience of taking your remedies, please tick this box if you happy for us to do so

By signing below, you agree that all the information you have given is correct and to the best of your knowledge. You also agree to the **Terms and Conditions** above and you have thoroughly read and will follow all the guidelines provided to you by your Specialist ensuring the proper care and safe storage of your placenta.

PLEASE TICK IF YOU CONSENT TO THE FOLLOWING:

- I am happy to be contacted by my Specialist after completion, so they can check that I am happy with the service and to answer any questions about the services provided.
- I am happy to be contacted to complete a short questionnaire 6 weeks after receiving the products.
- I do not wish to be contacted again after receiving my products.

PRN specialist: \_\_\_\_\_

Client name (print): \_\_\_\_\_

Client signature \_\_\_\_\_

Date: \_\_\_\_\_