

## Placental Encapsulation Services

### Reservation Form

Name:	_____
Address:	_____
Home Phone:	_____
E-mail:	_____
Estimated Due Date:	_____

### Placental Encapsulation Services at Home Preparation \$200.00

Please return this form with \$100.00 (non-refundable) deposit. Deposit is applied to cost of PE Services. Balance due upon completion. (\$75.00 added for North Miami & Broward County locations).

Name on Card: Billing Address and Zip Code	_____
Card Number All Major Credit Cards Accepted #:	_____
V-Code/Security Code on back of Card Expiration date:	_____
Amount:	_____
Deposit:	_____
Balance Due:	_____
Signature:	_____

*Check or Money Order to: Debra Geymayr  
P.O. Box 143663  
Miami , FL 33114*

***For further registration information please contact Debra at 305-279-1322 or 305-498-6722***