



# Ontake Form

# **GENERAL INFORMATION**

| Client's Name:                              |                         |                   |         |
|---|-------------------------|-------------------|---------|
| Email Address:                              | Phone Number: _         | /                 | /       |
| Address:                                    |                         |                   |         |
| City:                                       |                         |                   |         |
| Status: Single Married Divorced 0           | Other Date of Birth: _  | /                 | /       |
| Partner's Name:                             |                         |                   |         |
| Email Address:                              | Phone Number: _         | /                 | _/      |
| HEALTHCARE PROVIDER INFORMATION             |                         |                   |         |
| Name:                                       |                         |                   |         |
| Provider Type: Midwife Doctor (             | Other Phone Number:     | /                 | _/      |
| Address:                                    |                         |                   |         |
| City:                                       | State:                  | Zip:              |         |
| The location where you plan to deliver?     | _ HomeHospital          | Birth Center _    | Other   |
| The delivery location's and backup location | n's names and addresse  | s (if you plan to | deliver |
| at birth center or home):                   |                         |                   |         |
|   |                         |                   |         |
| Place of Preparation:  In my home           | In specialist's workspa | ace               |         |



Gervice Agreement

We are able to prepare your placenta for encapsulation using either of two methods:

- The steaming approach, similar to the traditional Chinese method, is more effective at balancing emotional energy, while it also benefits physical energy. The usage of frozen placentas is secure.
- Raw This method preserves the protein and enzymes that naturally occur, but it needs a very fresh
  placenta (within 48 hours). The opposite of steaming is raw; it boosts physical energy more than
  steamed food while still having a good effect on emotional energy. This technique produces more
  capsules.

# **Additional Products:**

- Tincture: It can be utilized when a mother's menstrual cycle resumes, when her daughter's period starts, or during other stressful moments (illness, teething). When it is returned to you, it requires six week period for steeping before it can be used. Daily swirling is required, and once it's finished, straining is required.
- Placenta print: The placenta's fetal side resembles the Tree of Life, making it a perfect keepsake.

### **Refund Policies:**

The following describes the refund policy:

- If the client decides to cancel the agreement, dismissing Peaceful Passages Birthing Support Center agreement to encapsulate the placenta, the client must do so before Peaceful Passages Birthing Support Center acquires the placenta(s) that were originally intended for encapsulation in order to receive a refund of any amounts of money paid to Peaceful Passages Birthing Support Center, less a 4 percent cancellation fee.
- A handling fee of \$50 will be due to Peaceful Passages Support Center if the client decides to end the contract after Peaceful Passages Support Center has already acquired the client's placenta(s) for the encapsulation process but notifies Peaceful Passages Support Center PRIOR to the encapsulation process starting. If the client has already paid Peaceful Passages Support Center a sum greater than \$50, We will refund the difference. The non-encapsulated placenta(s) will subsequently be delivered back to the client by me so that they can be appropriately disposed of.
- If the client changes her mind and decides she does not want the finished placenta pills AFTER Peaceful Passages Support Center has started the encapsulation process or if the process has been completed, the client will not receive a refund for any money already paid to Peaceful Passages Support Center and will be responsible for paying the remaining balance of the fee, if any, if it is still owed (i.e. no refund or waiving of fees will be made).



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# **Acknowledgments:**

Your Name

| Peaceful Passages Birthing Support Center does not provide medical diagnosis, treatment, or prescription services because it is not a registered healthcare provider. Benefits are not guaranteed, and the FDA has not assessed any benefits. You must decide if using placenta preparations would be advantageous for you. Placental supplements are only meant to be used by the mother who gave birth to the placenta(s). |
|--|
| l agree  |
| Your placenta must be properly stored until it may be picked up or delivered for encapsulation. It is your obligation to discuss the release of your placenta from your birth location, including your backup hospital for birth centers or at home.   |
| l agree  |
| No preservative, including alcohol, formalin, or any other, should be applied to your placenta. If so, it is no anymore acceptable for encapsulation.  |
| ☐ I agree  |
| Peaceful Passages Birthing Support Center does not determine whether my placenta is suitable for consumption and makes no guarantee of my personal results from consumption.   |
| ☐ I agree  |
| I am free from blood-borne illnesses such as Hepatitis B or HIV.   |
| ☐ I agree  |
| I understand payment must be made before the placenta will be received by PPBSC  |
| ☐ I agree  |
| Client or Representative Date  |
|  |

Date

## **Retainer Fee:**

**Support Center** 

If you decide to hire us to encapsulate your placenta, you must complete and return this contract as soon as possible, either by email or in person. The Retainer Fee is payable after you have signed and returned this contract. The non-refundable retainer charge equals 50% of the total price and is necessary to secure your due date on our calendar.

| Service Fees:   |  |  |
|---|--|--|
| our total charge for the services provided is \$  | , with a \$                                    | retainer fee required when you hire              |
| us as your Doula. Additional fees are as follows:   |  |  |
| • \$ for Tincture preparation   |  |  |
| • \$ for Keepsake Placenta Print  |  |  |
| • \$ for  |  |  |
| Payment Methods   |  |  |
| Clients can pay by personal check or cash. Payments can   | be done in persor                              | n or by mail. Clients are billed a \$20 fee      |
| for returned checks. In cases of financial hardship, clients  | s may request a re                             | vision to their payment plan. We reserve         |
| the right to decline to alter any existing agreements. The of discount.   | level of care will n                           | ot be compromised because of any kind            |
| Refund Policies:  |  |  |
| The following describes the refund policy:  |  |  |
| • If the client decides to cancel the agreement, dismissing   | g Peaceful Passag                              | es Birthing Support Center agreement to          |
| encapsulate the placenta, the client must do so before P  | eaceful Passages                               | Birthing Support Center acquires the             |
| placenta(s) that were originally intended for encapsulation   | on in order to rece                            | eive a refund of any amounts of money            |
| paid to Peaceful Passages Birthing Support Center , less  | a 4 percent cance                              | llation fee.                                     |
| • A handling fee of \$50 will be due to Peaceful Passages   | •  |  |
| contract after YPeaceful Passages Birthing Support Cent   | •  | •  |
| encapsulation process but notifies Peaceful Passages Bir  |  | ·  |
| starting. If the client has already paid a sum greater that   |  |  |
| encapsulated placenta(s) will subsequently be delivered   | back to the client                             | by us so that they can be appropriately          |
| disposed of.  |  |  |
| <ul> <li>If the client changes her mind and decides she does no</li> </ul>  |  |  |
| Birthing Support Center has started the encapsulation p   |  |  |
| not receive a refund for any money already paid to Peac   |  |  |
| responsible for paying the remaining balance of the fee, I/we have reviewed this letter outlining the costs of place. | if any, if it is still o<br>centa encapsulatio | wed.<br>on services and agree that it accurately |
| represents the discussion we have had and consent to  |  |  |
| Client or Representative  | <br>Date                                       |  |
| enerit of Representative  | Date   |  |
| Peaceful Passages Birthing  | <br>Date                                       |  |



| A contract for Placenta Encapsulation serv | vices is being entered on | (date)                     |
|--|---------------------------|----------------------------|
| ру   | (Peaceful Passag          | es Birthing Support Center |
| ınd  | (Client/s)                |                            |

Your placenta expert is not a pharmacist, drug salesperson, holistic health care provider, herbalist, homeopath, or physician. Maternal experience backs up the advantages of placenta encapsulation, which the Food and Drug Administration has not examined. Placenta encapsulation, also known as placentophagy, is not guaranteed to result in any particular outcomes and is only intended for consumption by the mother who gave birth to the placenta(s), not by her family, or friends, or other people. The offered services are not clinical, pharmaceutical, or designed to identify or address any medical issue. Families who choose to use the programs assume full accountability for their own health as well as for learning about and utilizing the services provided. The finest quality of service is guaranteed, however, your placenta arts professional does not guarantee the effectiveness of the capsules.

Any issues you have about your health, safety, or well-being should always be addressed to your care provider. Placenta services are not intended to substitute medical counsel, medical treatment, or medication. Please call your healthcare practitioner if you have symptoms of postpartum depression, anxiety, decreased milk supply, etc. to discuss your symptoms, learn how to feel better, and receive treatment for any current symptoms or prospective issues. Even while many mothers consider placenta encapsulation to be a lovely and amazing gift, you are still urged to seek the right support and medical attention as required. Asking for assistance is never inappropriate.

In order to confirm that you have read, reviewed, and agree to the material above as well as the following, kindly sign the form. I have read, comprehended, and agreed to the aforementioned policies, processes, and information. I hereby give my doctor permission to release my healthy placenta for encapsulation by adding my name to the document. I acknowledge that it is my obligation to take custody of the placenta after delivery, handle it properly and immediately cool and store it before giving it to the specialist, and notify the specialist of my birth within 72 hours while the placenta is being properly chilled and stored. I give my permission for the placenta to be given to my specialist and to be transported so it can be prepared. I have completely filled out this form, including my health history, essential information, and food preferences. I am aware that after obtaining the finished capsules, my specialist will not be held responsible for their use or any results, including but not limited to the use of my own placenta capsules by anyone else. I renounce any claims against my expert for any adverse effects or inconsistent advantages of taking the placenta capsules once I receive my finished product.

This form serves as a record of our agreement and will be kept on file by your placenta expert. All client information will be held in complete confidence, and no copies will be made available to any outside parties. The Food and Drug Administration has not reviewed the material offered.

| Client or Representative  | Date |
|---------------------------|------|
|                           |      |
|                           |      |
| Peaeful Passages Birthing | Date |
| Support Center            |      |



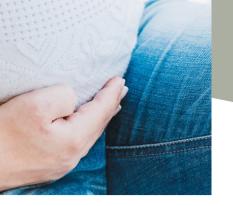
Your Name

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Wedia Lelease Torm

| This Ag                      | greement is between PPBSC and   |
|------------------------------|---|
| We'd lo<br>kindly<br>other v | ation on Social Media:  ove to showcase your lovely family on our Facebook and Instagram sites at PPBSC. May we capture and share images and videos of your placenta encapsulation experience so that wonderful families like yours can get the help they need? For any single photo/video we'd like on social media, we'll ask for your permission directly.   |
|                              | PPBSC has my permission to share images and/or videos of myself and my family to social media. Before being posted, said photographs and videos will be picked and authorized by me, the Undersigned. I understand and agree that I will not be compensated in any way as a consequence of the usage of those images and/or videos.   |
|                              | I, the undersigned, do not give PPBSC permission to share images and/or videos of my family on social media.  |
| PPBSC<br>us to p<br>wonde    | se of Printed and Online Marketing Materials:  would like to feature Your lovely family on our website and advertising materials. Please allow hotograph and share images of your placenta encapsulation experience so that other erful families like yours can get the help they need. For any single photo/video we'd like to ute online or in printed materials, we'll ask for your permission orally. |
|                              | I, the undersigned, authorize PPBSC to use photographs of myself and my family in their printed and online marketing materials. Before being used, said images will be chosen and authorized by me, the Undersigned. I understand and agree that I will not be compensated in any way as a consequence of the usage of those images and/or videos.  |
|                              | I, the undersigned, do not give PPBSC permission to use photographs of myself and my family in printed or online marketing materials.   |
| Client or                    | Representative Date   |
|                              |   |

Date





No. 000001

Billed to:

| Item                   | Quantity | Price  | Amount |
|------------------------|----------|--------|--------|
| Placenta Encapsulation |          | \$225. |        |
| Travel Fee             |          |        |        |
| Additional Fees        |          |        |        |
|                        |          |        |        |

**Total** 

50% Non-Refundable Retainer:

Payment method: Cash or Check

Note: Thank you for choosing us!

- Is it safe to have my placenta encapsulated if I tested positive for Group B Strep (GBS)? Yes. A common bacterium called group B strep usually does not endanger the mother's health. During the steaming procedure, all bacteria in the placenta are destroyed. Group B strep occasionally causes uterine infection. Group B strep is not prohibited in the manufacture of placenta remedies, however, your placenta would not be considered helpful in healing if you experienced a uterine infection or fever during labor and would likely be sent to the pathology lab for testing.
- Will the Hospital release my placenta? When it comes to releasing the placenta, most hospitals are pretty accommodating. However, you must let them know before giving birth if you choose to keep your placenta. The easiest way to do this is to have a birth plan. You will be required to sign a release form or waiver following delivery. You can ask the staff to double bag the placenta in Ziploc bags you brought from home and put it in the hospital refrigerator after it has been examined and proven to be healthy. It is acceptable to store the placenta in the hospital's recommended container if they won't bag it. If you have one of the illnesses listed below, the hospital will not release your placenta: HIV, Gonorrhea, Syphilis, Chlamydia, Hep B, or C.
- What if the doctor wants to take my placenta to pathology? - If the placenta needs to be transported to pathology, ask if a tiny piece can be removed for examination rather than the entire placenta. You won't be able to get your placenta encapsulated if they insist on taking the entire placenta.
- If my baby was premature, can I still get my placenta encapsulated? Unless the doctor decides to send your entire placenta to pathology, the answer is yes. Preemie mothers require all the assistance they can receive in bringing in their milk, recovering rapidly, and regulating their postpartum mood. You can frequently agree to have just a portion of the placenta transferred to pathology so you can encapsulate the rest if your doctor wants to culture the placenta.
- I have a placenta stored in my freezer from a previous birth. Is it safe to have it encapsulated? That depends on a number of things: Was the placenta correctly frozen? You can have it encapsulated up to a year after giving birth if it was frozen properly (within 48 hours of delivery, no symptoms of frostbite, and not thawed and refrozen).

- How many capsules should I be taking? You should adjust your dosage according to how you are feeling each day. The following are the fundamental rules. Days 1 through 7 take 3 capsules in the morning. Take 2 capsules in the morning for a period of 3 weeks. Then take one capsule in the morning until you run out or feel you no longer require them. Any remaining capsules can be saved for menopause, PMS, depression, reduced milk production, and mood swings. However, you should adjust your dosage if you feel that two capsules are inadequate or if three capsules are too many for you.
- How should placenta capsules be stored? -Your capsules should be kept in the freezer in an airtight container. Keep your capsules cool and dry if you move so you may put them back in the freezer as soon as you can. If properly stored, your capsules will last a very long time.
- On average, how many capsules can I expect to receive? That depends on the placenta's size. About 90 to 100 capsules can be produced from a tiny placenta. Up to 175 or even more can be produced by an extremely big placenta. You can anticipate receiving 125 to 150 capsules on average. Large newborns typically have large placentas, whilst little babies typically have small placentas.
- How do I dose and store the tincture? Tincture must sit in a cool, dark location at room temperature for at least 6 weeks before consumption. The recommended dosing is about 5-10 drops in a small cup of water (4-8oz) as needed. There is no expiration date and the tincture is good for years. You should always check for mold before consuming it after a longer period of time.

