

Placentibe Edibles Form



Mother's Full Name

Home Address

E-mail

Cell Phone

Are you expecting Due Date _____
 Singleton
 Twins
 Other

Name of Birth Place

Address of Birth Place

Have you made your caregiver aware of your plans to use your placenta postpartum? Yes No

Any pregnancy complications thus far? If yes, please explain.

Please check the services you wish to order:

Please see www.apeacefulbirthdoula.com/placenta-services for product details.

Encapsulation: _____ \$250.00

CHECK ONE: Vegetarian capsules _____ Gelatin Capsules _____ Strawberry Flavored Capsules _____

Tincture: _____ \$25.00

Organic Fruit Smoothie (yields 2) _____ \$45.00 (only available as an add-on to another service)

Cord Keepsake: _____ \$15.00 (this is included in an encapsulation order)

Tree of Life Art Print: _____ \$15.00

\$ _____ **Total**

50% deposit of your total is due with signing. Balance is due by 38 weeks. Please make checks out to Mary Ficek.

Waiver of Liability

I (Mother) understand and acknowledge that in accordance to the Florida Drug and Cosmetic Act, Chapter 499 Florida Statutes, choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms, and that I am choosing to consume my placenta due to my personal beliefs. I also understand that my placenta specialist is not a doctor or pharmacist and is acting as a personal chef. I acknowledge that A Peaceful Birth Services has provided me with concrete information about both the benefits and risks of placenta encapsulation, and I have read all included documents. I understand that my placenta will be handled and encapsulated according to OSHA and Florida Food Safety and Handling Standards, and will be prepared in a sanitary and sterile work space by a Certified Independent Encapsulation Specialist (CIES). Upon receiving my placenta capsules, I waive any and all rights to hold A Peaceful Birth Services responsible for any undesired side effect of consuming the capsules. I have provided A Peaceful Birth Services with blood documentation stating that I have been tested for STD's and the results were negative. I understand that A Peaceful Birth Services retains confidential blood work records for each client. I understand that upon receiving my pills, A Peaceful Birth Services is no longer liable for any other person(s) ingesting my placenta capsules.



By signing below, I agree to these terms and conditions:*

Additional Information

BLOODWORK: Please send me a copy of your blood work (STD and HIV status only); your caregiver will be happy to provide it to you. I can not pick up your placenta without first having your blood work.

TALK TO YOUR CAREGIVER: Talk to your Caregiver **BEFORE** birth and make sure he/she understands that you will be using your placenta for consumption postpartum and that is not to be disposed of or contaminated.

STORAGE: After you have delivered the placenta, it should be immediately placed in a large, labeled Ziploc bag or container, then immediately refrigerated or placed in a cooler full of slushy ice. It is your responsibility to make sure it is stored properly and that your medical team does not dispose of or contaminate the placenta.

PICK- UP: Call between the hours of 8am and 8pm for placenta pick up, which will be at the hospital or your home. For placenta pick up at area hospitals: To maintain mother's privacy I ask that a partner or loved one bring the placenta to me at the hospital entrance.

DELIVERY: I will deliver your capsules within 72 hours (3 days).

I have read and understand the information provided above:*

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