



SOUTH FLORIDA
PLACENTA SERVICES

South Florida Placenta Services

Phone: 954-363-2334

Email: info@southfloridaplacenta.com

South Florida Placenta Services Registration Form

Your First and Last Name: _____

Your Partner's Name: _____

Your Due Date: _____

Is this your first baby? _____

Your Home Address: _____

Are you expecting a Boy, Girl, Surprise? _____

Where are you delivering? _____

Your Phone #: _____

Name of your Doctor or Midwife: _____

Your Email Address: _____

Would you like any Optional Add Ons?

A Standard Umbilical Cord Keepsake is included in encapsulation services

___ Placenta Tincture - \$35

___ Upgraded Umbilical Cord Keepsake (Heart Shape, Gold, Rose Gold, Silver Resin) - \$40

___ Umbilical Cord Dream Catcher (with 2 colors: pink, blue, green, white, purple) - \$80

___ Placenta Print with either natural colors or vegetable-based color (red) - \$25

___ Frozen Placenta Cubes (6 cubes for smoothies) - \$25

___ Strawberry Flavored Gelatin Capsules (Kosher & Gluten Free) - \$10

___ Orange Flavored Gelatin Capsules (Kosher & Gluten Free) - \$10

STD Blood Results: _____

Method of Payment (please select one):

1. ___ ***Square (Preferred Option):** <https://floridaplacentaservices.square.site/>
Use this link to schedule a pickup after your baby arrives! A specialist will text you when booked to confirm details.
2. ___ ***Zelle to 954-648-4990 (Preferred Option)**
3. ___ Cash App (\$coastalmidwife)
4. ___ Apple Pay (964-648-4990)
5. ___ PayPal

___ **Yes, I have read and agree with the [Placenta Encapsulation Waiver](#) below:**

I understand and acknowledge that in accordance with the Florida Drug and Cosmetic Act, Chapter 499 Florida Statutes, choosing to encapsulate/consume 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 for my own personal beliefs, whether it be spiritual or cultural.



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I acknowledge that Coastal Midwifery, LLC/Christa West has provided me with concrete information about both the benefits and risks of placenta consumption and have read all included documents. I understand that my placenta has been handled and encapsulated according to OSHA and Florida Food Safety Standards and has been cleaned, cooked and dehydrated and put into pill form in a sanitary work pace. Upon receiving my placenta capsules/tincture/smoothie from Coastal Midwifery/Christa West, I waive all rights to hold the specialist responsible for any undesired effect of consuming the capsules, tincture and/or smoothie.

I do not hold Coastal Midwifery and/or Christa West responsible or liable for any transport mishap that is beyond their control (i.e.: car accident, or detainment) and understand that I am choosing to have the specialist encapsulate my placenta.

In Specialists Home

If my placenta is not encapsulated in my own home, I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I have provided Coastal Midwifery/Christa West with blood documentation stating that I have been tested for STI's and the results were negative. I understand and trust that Coastal Midwifery/Christa West retains blood work records for each client and that I am protected.

I understand that upon receiving the capsules, Coastal Midwifery/Christa West is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules, tincture and/or smoothie.

Signature: _____

Date Signed: _____