



SANDY TUFTS

CERTIFIED BIRTH DOULA

Placenta Encapsulation Services Agreement

I _____, have asked _____
Printed Client Name *Placenta Encapsulation Specialist (PES)*

to prepare my baby's placenta in capsule form for my own personal use. As a condition of this service, I make the following assertions:

I agree that...

I am paying for the encapsulation service only. My placenta does not contain any transmittable diseases such as Hepatitis-B, -C or HIV/AIDS. My care provider and I have determined that my placenta is healthy and suitable for encapsulation. The placenta has been handled in a manner appropriate for safe food preparation since the birth.

I understand that...

I will not hold the PES responsible if my placenta is accidentally damaged during the encapsulation process.

The PES does not determine whether my placenta should be consumed and makes no guarantee of my personal results from the capsules.

The capsules ***should not*** be taken during times of infection or illness, such as the common cold, flu, or mastitis. I understand that taking the capsules can make these conditions worsen. Once the infection is clear, capsules use can be continued.

Fees

Fee for services is **\$250**. Please send a **\$25** deposit to (along with this signed contract) to: *Or Pay Online*

Sandy Tufts
1 Dragonfly Drive
Eliot, ME 03903

The remainder of the fee (**\$225**) will be due by cash or check on the day your capsules are completed, at the latest.

Client Responsibility

It is your responsibility to inform hospital staff that you intend to retain your placenta. You should plan in advance for any requirements of your birthing facility for release, transportation or refrigeration of your placenta. . You also need to keep me informed of your medical condition, including any test results so that she may recommend changes to the plan for placenta services as necessary.

It is your responsibility to notify me as soon after delivery as possible so that we may make arrangements to collect your placenta in a timely manor.

Client's Personal Information

Name: _____ Due Date: _____

Address _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Place of birth (hospital, home, birth center): _____

*** I understand that the act of ingesting placenta in any form has not been tested, nor approved by the FDA, and I ingest this at my own risk. The services offered are not intended to diagnose or treat any condition. By choosing to utilize the services on this page I take full responsibility for researching and using the remedies. Furthermore, I release Sandy Tufts and Placenta Benefits Ltd./ Jodi Selander from any and all liability for any effects I may experience after choosing to take the capsules. *Initial* _____

Signature

Date

For doula use

deposit paid by (circle one)

Cash _____ check # _____ Pay Pal _____ Balance due \$ _____

