



# Placenta Encapsulation Service Agreement

For office use only: GBS status \_\_\_\_neg \_\_\_\_pos

Name: \_\_\_\_\_

Estimated birthing date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Birthing Place: \_\_\_\_\_

OB/Midwife: \_\_\_\_\_

Are you having a \_\_\_\_ single baby or \_\_\_\_ twins

How did hear you about our placenta services?

\_\_\_\_\_

Have you notified your provider that you plan to keep your placenta? \_\_\_\_.

What was their reaction? \_\_\_\_\_

What benefits do you hope to achieve?

\_\_\_\_\_

Please check one:

\_\_\_\_\_ I have attached a copy of my blood work

\_\_\_\_\_ I am faxing a copy of my blood work (1-888-980-0993)

\_\_\_\_\_ I am emailing a copy of my blood work (Hello@orchidnest.com)

\_\_\_\_\_ I will provide a copy of my blood work at the time of pick-up

Additional information/special request/allergies for smoothies:

\_\_\_\_\_

\_\_\_\_\_

## Choose Item(s)

\$\_\_\_\_\_ Encapsulation \$275

\$\_\_\_\_\_ Twin Encapsulation \$25 (additional fee)

\$\_\_\_\_\_ 8 ounces Tincture: \$55

\$\_\_\_\_\_ Salve: \$45 for 1 or \$60 for 2

\$\_\_\_\_\_ Smoothie: \$25 (GBS negative only)

\$\_\_\_\_\_ Vegan Truffles: \$35 (please let us know if you have a nut allergy)

\$\_\_\_\_\_ Pickup Travel Fee\* (\$35 Jupiter/Wellington/Palms West/Broward General)

\$\_\_\_\_\_ Delivery Travel Fee\* (\$35 Jupiter/Wellington/Palms West/Broward General)

\$\_\_\_\_\_ Total Fee

-\_\_\_\_\_ (minus \$25 for Orchid Nest doula/HypnoBirthing/Repeat encapsulation clients)

\$\_\_\_\_\_ TOTAL FEE TO BE CHARGED

\*No pickup fees for Boca Raton Regional, West Boca Medical or Bethesda. Delivery back to those hospitals is also complimentary if client is still there.

\*\*Please inquire for pick up/delivery fees for locations not noted above

Today's date: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Method (choose one)

A non-refundable deposit of \$50 will be charged and applied to your balance once placenta is in our possession.

Total Fee: \$\_\_\_\_\_

\_\_\_\_\_ Cash

\_\_\_\_\_ Check enclosed (payable to Orchid Nest and mail to 525 SE 6th Avenue, Suite B, Delray Beach, FL. 33483)

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV2 \_\_\_\_\_

Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AMX

Billing info if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Encapsulation Waiver

I, \_\_\_\_\_ understand and acknowledge that in accordance with the Florida Drug and Cosmetic Act, Chapter 499 Florida State 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 for my own personal beliefs, whether it be spiritual or cultural.

I understand that my placenta has been handled and encapsulated according to the OSHA and Florida Food Safety Handling standards. Upon receiving my placenta capsules from the Orchid Nest, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules or use of the products prepared by the specialist (i.e. tinctures, salves, smoothies, etc.)

I do not hold the Orchid Nest or the specialist responsible or liable for any transport mishap that is beyond their control (ex. car accident or detainment), and understand that I am choosing to have the specialist encapsulate my placenta:

\_\_\_\_\_ In my own home (additional fee will apply) \_\_\_\_\_ In specialist home

If my placenta is not encapsulated in my own home, I put full trust and acknowledge that it is being handled in a sanitary and safe environment. I have provided my specialist with blood documentation stating that I have been tested for STD's and the results are negative. I understand and trust that my specialist retains blood work for each client and that I am protected.

I understand that upon receiving my prepared placenta products, the Orchid Nest and my specialists are no longer liable, including but not limited to other person(s) ingesting my placenta products.

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Client Signature

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Date

## Instructions:

1. Complete forms thoroughly. Send forms back to us via email to [Hello@OrchidNest.com](mailto:Hello@OrchidNest.com) or by fax to 1-888-980-0993 or by mail to: The Orchid Nest, 525 SE 6th Avenue, Delray Beach, FL 33483
2. We require you to send us a copy of your blood work/labs done during THIS pregnancy. Specifically, we need to see the HIV, Hep B & Hep C screens before we can receive your placenta. We will confirm receipt of your forms and labs when received by our office.
3. A non-refundable deposit of \$50 is charged once we receive all paperwork. The balance of your fee will be charged once we have the placenta in our possession.
4. It is your responsibility to bring a small cooler and two gallon size ziplock bags with you to your planned place of birth. Ziplock bags MUST have your name written on them.
5. Please let your care provider know you will be encapsulating your placenta, and to put it into the ziplock bag (and then double bag it) and place into your cooler with ice until we pick it up.
6. Once the placenta is ready for pickup please call our Orchid Nest Hotline at 1-833-687-6378 and follow the prompts for placenta pickup. You can call any time up until 7pm. All calls after 7pm will go to voicemail so please keep the placenta on ice and call the hotline the next morning after 7am and then an Orchid Nest representative will come and pick up your placenta.
7. Expect encapsulation to take 24-48 hours. You will be called by our office to let you know when it is ready and available for pickup at the Orchid Nest OR if you have chosen to have the placenta delivered to you, we will notify you an approximate time for delivery.

If you have any further questions about our placenta services, feel free to call our office at (561) 865-5692 or email us at [Hello@OrchidNest.com](mailto:Hello@OrchidNest.com)