The hcg Diet Solution SA

Order & Consent Form

1	PERSONAL DETAILS	
Name & Surname		
Age & Gender		
Physical Address & Postal Code for delivery		
Cell Number		
Email Address		

2	PLEASE CONFIRM YOUR ORDER

3	GENERAL INFORMATION	
1	What is your current weight (in kg)?	
2	What is your Ideal weight?	
3	What is your length (in cm)?	
4	What is your BMI (Body Mass Index)?	

084 999 7000 info@thehcgdiet.co.za

thehcgdiet.co.za

By submitting this document, you automatically confirm that you have read, Understand, agree to-, and consent to the information provided in this document.

4	MEDICAL HISTORY	
1	Do you have any known allergies?	
2	Are you on any medication? Please advise what meds you are taking and what conditions you are taking it for.	
3	Have you been diagnosed with any of the following: Blood Pressure (low/high), Heart disease, HIV, Thyroid Issues, Cancer, Blood Clots?	
4	Please add any additional medical information that we should be aware of.	

5 CAN ANYONE FOLLOW THE HCG PROTOCOL?

Anyone can use the hcg homeopathic drops.

Hcg injections can be used by anyone that doesn't suffer from, or have a history of specific conditions mentioned further below.

This program is not suitable for pregnant women.

If you suffer/ed from any of the following conditions, you can use the homeopathic drops:

- Heart disease, Type 1 Diabetes, Cancer, Ovarian Cysts

Consult with a GP before starting this protocol-as you would do before making drastic lifestyle changes

6 INDEMNITY

The undersigned agrees to indemnify and hold harmless Silver Solutions 2188CC t/a ***The hcg Diet Solution SA*** and anyone affiliated with this entity from any form of loss, liability, misconception, liability, damage, or costs that the undersigned may incur in purchasing and participating in the program, caused by whatever reason.

The undersigned takes full responsibility for any risk by partaking in ***The hcg Diet Solution SA's*** protocol.

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7 PATIENT CONSENT

I, the Undersigned, hereby confirm that I accept the Indemnity Agreement and terms (including all the information in this Application Form) provided by Silver Solutions 2188 CC t/a ***The hcg Diet Solution SA*** and that I confirm the following:

a) That I duly take note of the pricing of the products, and by submitting this completed Order & Consent Form, I accept the pricing without any objection and that I will make payment in full prior to the delivery of the product

b) That Silver Solutions 2188 CC t/a ***The hcg Diet Solution SA*** will not be held liable for any form of error or negligent misconception and that no action will be taken against the said company

c) I realise it is in my best interest to consult with my GP/healthcare practitioner prior to partaking in any drastic lifestyle changes such as the hcg protocol

d) That the information provided is not considered medical information and should not be substituted for professional advice, diagnosis, cure, prevention, or treatment of any diseases or conditions

e) That I will purchase and use ***The hcg Diet Solution SA*** product/s at my own risk and as advised by ***The hcg Diet Solution SA***

f) That purchasing any of your products or making use of your services automatically indicate that I as the undersigned, have read, understand, and agree to the terms and conditions as set out in this Application Form.

	APPLICANT	WITNESS
Full Names & Surname		
Signature		
Date		

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