

# LIFEWAVE PATIENT SIGN UP FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact (Mobil.Home,Work) \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: or Same: (circle)

Street: \_\_\_\_\_ Street: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State \_\_\_\_\_

## Payment Information:

Name (As It Appears On Credit Card) \_\_\_\_\_

Visa or Master Card: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_ \_\_\_\_ \_\_\_\_ (on the back of your card)

(Be sure that this credit card has the exact same billing)

## Treatment Plan:

STEM CELL/X39 \_\_\_\_\_ PERFORMANCE 2 + Energy \_\_\_\_\_

PAIN 1 \_\_\_\_\_ HORMONE OPTIMIZER. \_\_\_\_\_

PAIN 2 + X39 \_\_\_\_\_ C REPAIR/INFLAMMATION. \_\_\_\_\_

PERFORMANCE 1 \_\_\_\_\_ C REPAIR + Glutathione. \_\_\_\_\_

## Additional Patches or Notes: