



Birth Persons Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

What is the best address for delivery of your transport kit/pills?

Estimated Due Date \_\_\_\_\_

Planned Birth Location \_\_\_\_\_

How'd you hear about us? \_\_\_\_\_

Choose your encapsulation package: (all packages come with transport kit, placenta pickup and return, and processing.)

Package 1 \$300  
Encapsulated Placenta  
Placenta Tincture  
Placenta Print  
Cord Keepsake  
Placenta Salve

Package 2 \$150  
Dehydrated Placenta for Fertilizer  
Placenta Print  
Cord Keepsake

Package 3 \$250  
Encapsulated Placenta  
Placenta Tincture  
Placenta Print  
Cord Keepsake

#### Photography

We sometimes take photos of your placenta for record keeping or educational purposes. Do we have permission to take photos for these purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Medications

Are you taking any medications besides prenatal vitamins? If so, list below.

Acknowledgments

Little Bird Birth Services is not a licensed medical professional and does not diagnose, treat, or prescribe for any health condition. No specific benefits are promised and benefits have not been evaluated by the FDA. It is your responsibility to determine if using placenta products will be of benefit. Placental supplementation is intended solely for the person who has birthed the placenta(s).

It is your responsibility to discuss release of your placenta from your place of birth and to ensure proper labeling and storage of your placenta until it can be picked up or delivered for encapsulation.

Your placenta should not be treated with alcohol, formalin or any other preservative.

Please initial the following:

I acknowledge that the placenta will be stored in a manner that retains its freshness. \_\_\_\_\_

I acknowledge that I am free of Hepatitis B or HIV. \_\_\_\_\_

If either birth person or baby has an infection at the time of delivery or within the following 24 hours after delivery - it is important that you let us know. Please initial that you will notify us within 24 hours if an infection is diagnosed. \_\_\_\_\_

I understand and agree to the terms of this contract.

Signature \_\_\_\_\_

Date \_\_\_\_\_