**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to allow Labor, Birth and Beyond Doula Services to encapsulate my placenta. This is not medical advice or treatment. Placentas can vary in nature thus limiting the amount of capsules I receive, although average is #130. I am aware of the process used, such as steaming, dehydrating followed by grinding and encapsulation. I am also aware that this process is not FDA approved, but is done under OSHA and EPA guidelines, even adhering to this process may still put me at risk. I intend to use these for myself as they are derived from my own tissue. I agree to pay a total of $175 due upon delivery of capsules ($180 if using Squarecash). This will include information packet, transportation of placenta, encapsulation process, and mailing (if needed). These services are provided solely by Labor, Birth and Beyond Doula services and are not associated with EvergreenHealth or EvergreenHealth Midwifery. I am also aware that not all placentas are able to be processed, this includes: if I have an infection or fever during labor that is not treated, have/acquire a communicable disease, or the placenta is sent to pathology it may not be retrieved for processing. I agree to tell Labor Birth and Beyond should these events happen during my prenatal care, labor or delivery.**

**Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Encapsulator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_