Supplement Checklist & Consent Form

Full Name: _____ **Date:** ____ / ____ / _____

Contact Number: _____ **Email:** _____

Your Main Concerns: Please select all applicable answers.

◯ Skin Health ◯ Hair Health ◯ Overall Optimal Health

◯ Other: _____

Health & Medical Precautions & Contraindications:

Please select all applicable answers and inform your practitioner.

Do you have any known allergies?

◯ Yes ◯ No

Are you currently pregnant or breastfeeding?

◯ Yes ◯ No

Do you have any existing medical conditions (e.g., heart disease, liver or kidney issues, bleeding disorders)?

◯ Yes ◯ No

Are you currently taking any prescription medications (including blood thinners, chemotherapy, or hormone therapy)?

◯ Yes ◯ No

Are you taking any supplements, vitamins, or herbal remedies prescribed by another practitioner?

◯ Yes ◯ No

Have you recently undergone major surgery, or do you have surgery scheduled in the next 2 weeks?

◯ Yes ◯ No

If you answered YES to any of the above, please provide details:

_____

_____

_____

_____

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Choose Your Supplements:
Please select all applicable vitamins

Price
Incl. GST

- ◯ Orthoplex Clinical Lipids (Fish Oil) 120c **$81.00**
- ◯ Designs for Health B-Supreme (Multi B) 60c **$50.95**
- ◯ Designs for Health Curcum-Evail (Curcumin) 60c **$59.95**
- ◯ Designs for Health K2 Supreme 60c **$43.95**
- ◯ Designs for Health Tri-Mag Supreme (Magnesium) 120c **$43.95**
- ◯ Designs for Health Tri-Zinc Supreme (Zinc) 30c **$17.95**
- ◯ Designs for Health D3 Supreme (Vitamin D) 240c **$29.95**

EXCLUSIVE OFFER: If purchasing all supplements above, ***receive a 10% discount***.

Consent & Waiver:

Important Information:

- Supplements can support skin, hair, and overall health but are not a substitute for a balanced diet, lifestyle, or prescribed medications.
- Individual responses vary. Results are not guaranteed.
- Please follow usage instructions provided and do not exceed recommended dosages.
- If you experience any adverse effects, discontinue use immediately and seek medical advice.

By signing below, I confirm that:

- I have answered the health & medical checklist truthfully to the best of my knowledge.
- I understand that these supplements are general health support products, they are not prescribed as medical treatment for a specific condition, and results are not guaranteed and may vary.
- I take full responsibility for disclosing relevant health information, medications, and conditions.
- I acknowledge that Dr. Natasha Cook Cosmeceuticals, Skin Laser Longevity and The Face Bar are not liable for complications arising from undeclared conditions or undisclosed medication use.

Name: _____

Signature: _____

Date: _____