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Bryngelen Manor

DISCLAIMER THIS FORM IS FOR UK CUSTOMERS ONLY

I (PRINT NAME)	hereby confirm that I have
been advised of the risks involved with leech therapy - nam	ely the presence of the gut
bacterium known as <i>Aeromonas hydrophila</i> within all medican be found on the Biopharm Leeches website at:	cinal leeches. Further information
can be found on the Biopharm Leeches website at:	
http://www.biopharm-leeches.com/contraindications.html	
I confirm that the leeches are solely for personal use and that thinning medication and/or do not suffer from any blood disorders or Diabetes.	
I understand that Biopharm strongly recommends before us use with a medically trained professional. I accept full liable hold Biopharm or its employees accountable for any compliant application of the leeches.	lity for the treatment and will not
Signed:(MUST be Hand-Signed)	Date:
(MUST be Hand-Signed)	
Email address:	
Contact number:	
Postal Address:	
Please return all completed forms to:	
Email: <u>uksales@biopharm-leeches.com</u>	

Post: Biopharm Leeches, 2 Bryngwili Road, Hendy, Carmarthenshire, SA4 0XT

Photo message: 07971470446