Biopharm Leeches

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Suppliers of Leeches since 1812

**DISCLAIMER**

**THIS FORM IS FOR UK & EU CUSTOMERS ONLY**

I (PRINT NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that I have been advised of the risks involved with leech therapy – namely the presence of the gut bacterium known as *Aeromonas hydrophila* within all medicinal leeches. Further information can be found on the Biopharm Leeches website at:

[http://www.biopharm-leeches.com/contraindications.html](http://www.biopharm-leeches.com/contraindications.html%20)

I confirm that the leeches are solely for personal use and that I am not using any blood thinning medication and/or do not suffer from any blood disorders, immunodeficiency disorders or Diabetes.

I understand that Biopharm strongly recommends before using any leeches that I discuss their use with a medically trained professional. I accept full liability for the treatment and will not hold Biopharm or its employees accountable for any complications that may result from the application of the leeches.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MUST be Hand-Signed)

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

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return all completed forms to:

Email: uksales@biopharm-leeches.com

Photo message: 07971470446

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