

Good Health Obesity Clinic

(A Special Care for Weight Loss & Life Style Diseases)



No.3, Krishnappa Private Layout, Nandeesh Complex, 1st Main (R.P.C. Layout), Hampinagar, Vijayanagar, Bangalore – 560 104

Acknowledgement Form

Affix
Stamp
Size Photo

Personal Details:

Name :

Profession :

Age : <input type="text"/>	Weight in Kgs : <input type="text"/>	Height (cm): <input type="text"/>
Gender : M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status : S <input type="checkbox"/> M <input type="checkbox"/>	Veg <input type="checkbox"/> Non Veg <input type="checkbox"/>

Suffering from : -

Diabetes Cholesterol B.P. Thyroid Joint Pain Back Pain
PCOD Hair Fall Varicose Veins Migraine Obesity

Others

DECLARATION

I hereby certify that the above information is correct to the best of my knowledge and belief. Further, I fully understand the health program and am ready to start. I understand that the program is for my own benefit and that I have a better chance of achieving the results I want, if I follow the program 100% on a day to day basis. I confirm that all questions I have about the program including regarding the consumption of the recommended nutritional supplements have been answered. I am solely responsible for and hereby agree to the payment of the consultation fee and all related services provided during this program. The cost of all services and the program itself have been clearly explained to me. I am aware that all monies paid in relation to following the program will not be refundable under any circumstances.

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Signature of Patient with Date

COMMUNICATION DETAILS

Address :

Landmark :

City : Pin Code: Phone :

Email: Payment : Cash Bank Transfer