OXYGEN, ENERGY & LIGHT THERAPY

Experience a unique full body massage, total relaxation, stress relief and an overall feeling of peace and wellness.

Do you have problems with: *(Please check all that apply)*

_____ Lack of exercise	_____ General pain	_____ Poor digestion
_____ Arthritis, Back pain, bone spurs	_____ Insomnia	_____ Fibromyalgia
_____ Asthma & tracheal inflammation	_____ Tired & sore muscles	_____ Menstrual pains, anemia
_____ Poor circulation	_____ Overwieght	_____ Fluid retention
_____ Diabetes	_____ Stress	_____ Constipation

Many have reported improvement with the above problems as well as many other problems.

I understand that I should consult with my physician before use if I am recovering from surgery, have a serious infection or bleeding injury, have heart disease, bone fractures, a pacemaker, pregnancy or epilepsy.

Explain your present health: _____

Have you eaten within 30 minutes _____ Please drink a glass of water before and after the massage!

Name: _____ Referred by: _____

Address: _____

Phone: _____ Alternate # _____

Best time to reach me: _____ Email: _____

Signature: _____ Date: _____

By signing this sheet I agree not to hold anyone liable for any side effects that may occur during or after the use of the Chi Machine, Hothouse, Advanced Electro Reflex Energizer or E-power.