



Placenta Encapsulation Client Checklist

1. Decide which package you want.
2. Fill out paperwork and pay the \$50 deposit.
3. Print out the Placenta Encapsulation Processing Agreement. Sign, initial, and send back to us with the deposit and a copy of your most recent blood work lab results.
4. If you are having a home birth or birth center birth, include two gallon-size Ziploc bags with your name and phone number written on one, in the bag or suitcase you bring to your birth location.
5. If you are planning a hospital birth, bring a small cooler with you to the birth location to keep your placenta on ice until pick-up.
6. Specify in your birth plan that you will be keeping your placenta. You will have to sign a release form if you are birthing in hospital.
7. Text us to notify us when you are in labor. (phone number for texting will be given when deposit is made)
8. Text us again when the baby is born, at this time we will coordinate the drop off time and location (either my office or my home) depending on day and time.
9. At a hospital birth, the nurses will store the placenta in a plastic container and a biohazard bag marked with your name.
10. At a home or birth center birth, have the midwife double bag the placenta in two gallon-size ziploc freezer bags. Write your name and phone number on the outer bag.
11. Place the bagged placenta in the hospital or birth center fridge within one - two hours after birth.
12. If the hospital will not store the placenta in their fridge, you can place it in a closed cooler with ice and keep it cold.
13. The refrigerated placenta should be dropped off location within 24 - 48 hours of the birth, between the hours of 9 AM and 9 PM. Transport the placenta in a cooler with ice.
14. If you cannot get the placenta to us within 48 hours, it should be put in the freezer.
15. We will contact you when the capsules are finished, generally 48-72 hours and you can pick them up at your convenience.

Jennifer Randolph L.Ac.

Licensed Acupuncturist & Practitioner of Herbal Medicine
Placenta Encapsulation Specialist

Phone: (310) 832-5818: office number

**we will give you a cell phone number to be used for texting once a deposit has been made

Address: Office Location: #302 W 5th Street Suite 101, San Pedro, CA 90731

Home Location: will be given if dropping off outside of normal business hours.



Placenta Encapsulation Packages

Basic Packet: (\$185)

Placenta Capsules: encapsulated dehydrated placenta only, generally yielding 80-125 capsules

Package A includes: (\$250)

Placenta Capsules: encapsulated dehydrated placenta, generally yielding 80-125 capsules

Placenta 4 oz. Tincture

Umbilical Cord Keepsake

Placenta Print

Package B includes: (\$285)

Placenta Capsules: encapsulated dehydrated placenta, generally yielding 80-125 capsules

Placenta 4 oz. Tincture

Umbilical Cord Keepsake

Placenta Print

Placenta Healing Salve

Package C includes: (\$350)

Placenta Capsules: encapsulated dehydrated placenta, generally yielding 80-125 capsules

Placenta 4 oz. Tincture

Umbilical Cord Keepsake

Placenta Print

Placenta Healing Salve

Smoothie Placenta Powder Mix

Placenta Broth: includes the herbal broth used to steam the placenta

Optional Delivery/Pick up fee: (\$40 each way)

Pick up of placenta or drop off finished products at your home (available with 5 miles from office location)

* If you are interested in raw or dehydrated placenta smoothies, please contact me for further information *



Placenta Processing Agreement

Limitations and Disclaimer

Services and fees are for the preparation and encapsulation of your placenta, not for the sale of the pills. No specific benefits or effects are promised. Benefits will vary from person to person. Many of the ascribed benefits are well supported by evidence based research; but none have been evaluated or approved by the FDA.

_____initial

Service Agreement: Client will drop off placenta at my office or home at an agreed upon time and pick up completed capsules within 72 hours, unless prior arrangements have been made.

Client Responsibility It is your responsibility to notify me as soon as possible after the birth to make arrangements for transfer of your placenta to me. You must place the placenta in a refrigerator or a closed cooler full of ice within 3 - 4 hours of the birth. Improperly handled placentas are susceptible to spoilage and all placenta work is done at your own risk. I understand that the act of ingesting placenta in any form has not been tested, nor approved by the FDA, and I ingest this at my own risk. Furthermore, I release Jennifer Randolph Acupuncture (Jennifer Randolph L.Ac. and associates) and its representatives from any liability.

_____initial

It is your responsibility to discuss the release of your placenta with your primary health care provider as well as the facility you will be birthing in. Please make sure your placenta is refrigerated or kept on ice until it can be picked up or delivered for preparation and encapsulation.

Your placenta may be kept at room temperature for 3-4 hours following your birth. After that, or as soon as possible, it should be placed on ice or in a refrigerator. If it is going to be 3 or more days before your placenta can be processed, it should be frozen. A frozen placenta may require 1-2 additional days for processing since it must be gently defrosted prior to being dehydrated.

_____initial

Medical Contraindications I certify that I have never been diagnosed with and am not now afflicted with any of the following diseases:

- HIV _____ initials
- Hepatitis A _____ initials
- Hepatitis B _____ initials
- Hepatitis C _____ initials
- Ebola _____ initials

** Please attach a copy of your latest bloodwork

Note: For your safety and the safety of others, if you have ever had any of the aforementioned blood borne diseases, additional information will need to be collected before deciding if we can encapsulate your placenta.

_____initial



Placenta Processing Agreement

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Fees A deposit of \$50 is required with the signing of this agreement. Please note that this deposit is non-refundable. The remaining balance must be paid before the placenta is dropped off. Encapsulation work will not proceed until the full balance has been paid. Checks must be made payable to Jennifer Randolph Acupuncture.

_____initial

Refunds The \$50 deposit is only refundable if the placenta is not viable for encapsulation. If you choose to terminate this agreement after releasing your placenta to me, but before placenta preparations have begun, I will return your placenta to you but the \$50 deposit will be retained. Because you are paying for a service and not a product, once preparation of your placenta has begun, there will be no refund of any kind, even if you choose not to take the finished capsules.

_____initial

Photo Release I give permission to Jennifer Randolph Acupuncture (Jennifer Randolph L.Ac.) to photograph my placenta before during and after processing and use those photographs as she desires for marketing, advertising, educational or promotional reasons in print or on the internet.

_____initial

Client Signature: _____

Date: _____

Due Date: _____

Client Phone Number: _____

Client Information:

Name _____

Partner's name (if applicable) _____

Phone number (preferably cell to be reached at hospital) _____

Email address _____

Home address _____

Estimated Due Date _____ Is this your first delivery? _____

Place of birth _____

Have you experienced postpartum depression in the past? _____



Authorization to Release Medical Records

Dear Doctor,

As part of my postpartum care I am planning to have my placenta professionally encapsulated. I am requesting my most recent lab work; specifically STD, Hepatitis, HIV, and Strep Group B results be faxed to Jennifer Randolph L.Ac./San Pedro Acupuncture Health Center at (310) 832-7236.

Thank you in advance.

I hereby authorize _____(facility)

Address: _____

Phone: _____ Fax No: _____

To release the medical records of:

Patients Name: _____

Address: _____

Phone: _____ Date of Birth: _____

To: **San Pedro Acupuncture Health Center**
302 W 5th St Suite 101
San Pedro, CA 90731
Office: (310) 832-5818
Fax: (310) 832-7236

Lab results: most recent OB Panel

I understand that these records are protected under federal and/or state laws and cannot be disclosed without my written consent unless otherwise provided by law.

By my signature below, I hereby, knowingly and voluntarily, authorize San Pedro Acupuncture Health Center to request my health information.

Signature of Patient

Date