

Eden Life

Weight Loss Clinic

17th Floor
Office Tower
Sandton City
Johannesburg
South Africa
P.O. Box 782423
Sandton, 2146
Tel.: +27 11 884-4973
Fax: +27 11 884-4975
E-mail: edenlife@iafrica.com
Website: www.edenlifeclinic.com

A note from Paula ...

Thank you for your enquiry to join the Eden Life Weight Loss Clinic. The fact that you have made an enquiry indicates that you have a desire to lose weight. Be passionate about this desire, and we will guide you with essential tools and techniques to achieve success.

On the Eden Life Weight Loss Program you can enjoy life and still lose weight. This program has been specially formulated to suppress your food cravings, boost the metabolism and absorb fat from the food you eat before your body can.

We will guide you through all aspects of your weight loss, showing you how small adjustments can make a big difference to your weight.

From this day forward, you will no longer be controlled by food, no longer feel guilty about eating and no longer be hiding those unsightly bulges. This is the new you!

Your success on our program will be life changing!

Warm regards,
Paula

What to do?

Your success is our success. We are with you every step of the way

1. Attached you will find a brief description of how the program works and of all our products. Read through this carefully.
2. Now complete the Patient Details Form also attached.
3. Once completed, the Patient Details Form, together, with the Conditions of Sale Form and a completed deposit slip can be faxed back to Eden Life on fax: (011) 884-4975.
4. A consultant will now look at your details. If we feel that you have selected an incorrect product for your needs we will contact you via e-mail, fax or phone.
5. If there are no problems with your Patient Details form, we will post your supplements to you and e-mail you the information you need to get started. We will also contact you via e-mail, phone or fax to address your personal weight management problems.
6. Your next internet or telephonic consultation can now be scheduled - but remember – you don't have to wait for your appointment if you have a problem. Contact us anytime – we are here for you.

Eden Life

Weight Loss Clinic

17th Floor
Office Tower
Sandton City
Johannesburg
South Africa
P.O. Box 782423
Sandton, 2146
Tel.: +27 11 884-4973
Fax: +27 11 884-4975
E-mail: edenlife@iafrica.com
Website: www.edenlifeclinic.com

PATIENT DETAILS

Name: _____ **Surname:** _____

Phone – Home: (_____) _____ **Cell:** _____

Work: (_____) _____ **E-Mail Addr:** _____

Name of general practitioner: _____ **Contact No:** (_____) _____

Preferred method of communication: (e.g. e-mail, fax, phone or personal appointment)

Occupation: _____

Work Address: _____

Residential Address: _____

Current Medication and Medical History: _____

Allergies: _____

Weight Loss Products used and results: _____

Age: _____
Current Weight: _____

Height: _____
Goal Weight: _____

Brief description of your current eating habits

Breakfast

Time:

Mid Morning

Lunch

Time:

Mid Afternoon

Supper

Time:

After supper

Which of our product/s do you feel is most suited to you and why? _____

Method of payment

a) Direct Deposit

Bank:	Absa Bank	Acc Name:	Eden Life
Acc No:	4046644090	Branch:	Sandton City
Branch No:	631005		

b) Credit Card

Only Master or Visa

Credit Card No: _____

Expiry Date: _____

CVC No: _____

I the undersigned do hereby bind myself to the Conditions of Sale indemnity and disclaimer attached, and I authorise Eden Life to debit my credit card for the purchase of my product, my consultation fee and postage and packaging.

SIGNATURE

CONDITIONS OF SALE

Eden Life Weight Loss Clinic shall be referred to hereafter as the COMPANY

1. The COMPANY'S products are sold to the patient on a cash on delivery basis only unless prior arrangements are made for payment on terms in which event the conditions of sale shall only be effective if the same are reduced to writing, any amounts paid after 30 days will attract an interest of 21% per annum.
2. Where a written medical doctor's prescription is required the COMPANY will not release any of its products to the patient without the original prescription first being submitted.
3. The patient irrevocably undertakes not to disclose, publish, make known or in any way communicate to any third party any of the COMPANY'S weight reduction methods, diet recommendations, exercise schedule or product identity or any other aspect of the COMPANY'S products or services of any nature whatsoever.
4. The patient hereby indemnifies the COMPANY, its employees, representatives, agents and all persons who act or purport to act on behalf of the COMPANY against all liability proceedings of whatsoever arising including damages whether direct or indirect, general or special or punitive resulting directly or indirectly from the COMPANY'S weight reduction programme or any medicine, food supplement other substances given, dispensed, prescribed or recommended to the patient.
5. The COMPANY makes no representations or warranties of any nature whatsoever relating to the use of the weight reduction programme, treatment or any other aspect of the treatment, medicine, diet or substance given or recommended to the client neither does it give any warranties whether express or implied as to the effectiveness of the treatment or weight reduction programme and does not warrant in any way that the patient will loose weight as a result of any or all aspects of the services or products rendered, supplied or recommended by the COMPANY.
6. It is the specific intent of these conditions release and discharge any or all claims and causes of action of any kind or nature whatsoever, whether known or unknown whether specifically mentioned or not, which may exist or might be claimed by the patient from the COMPANY, its employees, representatives, agents, distributors or any other persons who act on behalf or make any representations for and on behalf of the COMPANY.
7. The patient chooses as its domicilium citandi et executandi the address chosen by the patient on the reverse hereof under the heading residential address for the service of all documents and legal process.
8. The patient warrants that he/she has made a full disclosure to the COMPANY relating to all aspects of his/her health (psychological and physiological), any allergies, other medicines (prescribed or otherwise) currently being consumed and any other circumstances or conditions which may be relevant which may affect the COMPANY'S recommendations as to diet, medicines or treatment.

I, _____ do hereby bind myself to the Conditions of Sale indemnity and disclaimer above.

SIGNATURE