



1980 N Atlantic Ave, Suite 1008
Cocoa Beach, FL 32931

800-392-5950 (Office)

Receipt of Services

Today, I had a _____ red light therapy session and lost _____ inches total from my waist, hips, and thighs, which exceeds the Two-Inch Loss guarantee. I am satisfied with the services, which were provided as described, and I waive any rights to refund or chargeback.

Client Name

Date

Client Signature

Witness Signature

Technician

Location