



Infinity Healing Session Client Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (cell) _____

E-mail _____

You are here today for:
Infinity Healing Session _____

Payment: Cash _____ Check _____ Paypal _____

Who may I thank for your referral? _____

Please note that Meryl Chodosh-Weiss and anyone associated with the work of Infinity Healing make no claims, promises or guarantees, and are neither diagnosing nor treating specific health issues or challenges.

You are solely responsible for seeing to and continuing with your own medical treatment and care.

Signed _____ Date _____