

Flexible Payment Option

Full Name (First, Middle Initial, Last):											
aiden Name (if ap	plicable):										
Date of Birth (DD / MM / YYYY):		Current Age (in years):									
Gender:					Female						
umber,street nam	e, apt #):										
f different than al	pove):										
City:					Pro	vince/Stat	e:				
Country:					Pos	tal Code/Z	p:				
with area code:											
Email address:											
Date Intake and Service Option Form signed: (DD/I											
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	laiden Name (if ap / MM / YYYY): umber, street nam if different than al with area code: ervice Option Ford A. or B. below: The Flexible Pa as follows; 1. \$150 plus G 2. \$100 plus G 3. \$100 plus G 3. \$100 plus G 3. \$100 plus G 4. \$150 plus G 5. \$100 plus G 6. \$150 plus G 7. \$150 plus G 8. \$100 plus G 9. \$100 plus G	laiden Name (if applicable): / MM / YYYY): umber,street name, apt #): if different than above): with area code: ervice Option Form signed: (Did A. or B. below: The Flexible Payment Optic as follows; 1. \$150 plus GST (5%) paid 2. \$100 plus GST (5%) paid 3. \$100 plus GST (5%) paid 4. \$150 plus GST (5%) paid 5. \$150 plus GST (5%) paid 6. 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