We are glad that you have chosen to "check-ou	t" a pair of implants from oui	^r Body Boutique!
By signing this form you agree to return the imp	plants undamaged within a w	eek from today- which will
Office Policy indicated that we require to make	a photocopy of your license	and a valid credit card.
If you fail to return the implants you understand Staff has exhausted their efforts to contact you implants. you completely understand that your cost of the implants to be replaced.	and you have made no atten	npt to return the breast
Please read and sign the following:		
I am signing this contract on my own will and I valuering substance at the time of signing.	erify that I am not under the	influence of any mind
I will provide a valid credit card that may be chaimplants I have chosen to borrow. If for any reathe \$1000 and I will be sent to collections as a la	son my credit card declines,	my account will be charged
Print Sign		Date

	_		
Office Staff Witness Signature:		 	