



**CLUB HEAL™**  
WHOLE BODY DETOX & REJUVENATION

**949-612-8552**

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Newport Beach, CA 92663  
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www.CLUBHEAL.net

\_\_\_\_\_, MD, DO, DC, ND, \_\_\_\_\_, Recommend and Approve the below  
CLUB HEAL SERVICES, for my patient/client, \_\_\_\_\_  
for the following diagnosis/condition(s): \_\_\_\_\_

**DETOX & REJUVENATION RECOMMENDATIONS**

**CIRCUIT**

- SINGLE** ~ 1 STATION ~ 30 MINS ~ \$125 ~ Membership: \$41-\$95  
PREP                      ONDAMED                      BRAIN TRAINING                      OZONE SAUNA
- HALF CIRCUIT** ~ 2 STATIONS ~ 60 MINS ~ \$250 ~ Membership: \$82-\$190  
PREP/ONDAMED                      PREP/BRAIN                      PREP/OZONE SAUNA
- FULL CIRCUIT** ~ 4 STATIONS ~ 120 MINS ~ \$500 ~ Membership: \$164-\$380  
(PREP/ONDAMED/BRAIN TRAINING/OZONE SAUNA)

FREQUENCY RECOMMENDED:    3x/wk    2x/wk    1x/wk    2x/m    1x/m

**PRIVATE ROOM ADD-ONS**

- SIGNATURE TRANSFORMATION SESSION** ~ 1.5 hr session ~ \$400 or \$350 for 10 hr package  
CORE MODALITIES: Zerona Medical & Fat Melting Laser, Laser Energetic Detox, Collagen Stem Cell/O2 Facial, and Vibrational Lymphatic Therapy  
ADDITIONAL MODALITIES: Manual Massage w Cupping, Ozone Insufflation (ear, pelvic floor), Detox Ozone Facial and Wound Cupping
- OZONE INSUFFLATION** ( EAR    RECTAL    VAGINAL ) \$175/hr ~ 15, 30 or 60 mins
- FULL BODY VIBRATIONAL LYMPHATIC THERAPY w LYMPH WAND & LYMPHA PRESS PANTS**  
1hr session ~ \$175

FREQUENCY RECOMMENDED:    3x/wk    2x/wk    1x/wk    2x/m    1x/m

**REQUEST FURTHER WORK UP WITH CUSTOMIZED TESTING & RECOMMEND ABOVE ACCORDINGLY**

- BIOFEEDBACK TESTING TO DETERMINE CAUSES AND ORGAN IMBALANCES
- OLIGOSCAN/HEAVY METAL TESTING     BRAIN TESTING FOR BASELINE     ALL TESTING

**SO WE CAN BETTER SERVE YOUR PATIENTS/CLIENTS**

I, \_\_\_\_\_, authorize & approve for the below  
practitioner to communicate with CLUB HEAL regarding my diagnosis, treatment and ongoing care  
Signature \_\_\_\_\_

I recommend above patient/client to see me for **case management**:

- 2x/weekly     1x/week     2x/monthly     1x/monthly     other: \_\_\_\_\_

Doctor/Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_