



Third Party Voucher Acknowledgement

_____ I understand that a voucher from any and all outside companies such as Living Social/Groupon may only be used on my INITIAL visit to the clinic. I understand that if I purchase another voucher it is my responsibility to get a credit back from the third party or gift it to a new patient for their first visit to Envizion Medical. The office staff will be unable to accept this voucher. Any additional weight loss services are to be purchased directly from Envizion Medical.

Voucher Number _____

Redeemed _____

Patient Signature _____

Date _____