



Lift Body Center

1321 TOWER ROAD, UNIT A, SCHAUMBURG, IL 60173

"I WAS REFERRED" FORM

I was referred by:

Name:

Phone #:

The above mentioned person referred me to Lift Body Center. I understand this person will receive 10% (up to \$500) for referring me, should I complete a cosmetic surgery procedure with the center. I also understand that all communication about my procedure or the referral payment will only be discussed with me and Lift Body Center, not with my friend who referred me.

Patient Name (please print)

Patient Signature:

Date