



Oxygen Healing Therapies.com would like to offer you the opportunity to apply for a free listing on our "Ozone Doctor" listing site at www.oxygenhealingtherapies.com. Thousands of people search the internet for physicians and clinics they can visit for Ozone Therapy. Our Ozone Doctor List places extremely well in Google and other Search Engines. Here's what one physician has recently said:

"Thank you so much for listing my clinic on your web site. Every month I have more and more patients visit my clinic after having seen the listing" Dr. J.T., Las Vegas.

If you would like to take advantage of this free internet opportunity, please complete the following information and return (please note: this listing is for practitioners who offer ozone therapy, UVB Therapy, and / or Prolozone Therapy) :

(The information you provide here will be viewed on the internet. Please print clearly. *Please note that only clinics offering some form of Ozone Therapy or UV Therapy can be listed.*)

Title: (Dr., Mrs...) _____ **Name:** _____

Practitioner Designation: (MD, ND, DDS, etc.) _____

Clinic Name: _____

Street Address: _____
(Please provide building and suite number so patients can find you)

City: _____ **State:** _____ **Zip/PC:** _____

Country: _____

Telephone: _____ **Fax:** _____

Email: _____

Web Site: _____

Please check the services you would like listed with your clinic name and address:

- | | |
|--|---|
| <input type="checkbox"/> Prolozone | <input type="checkbox"/> Limb Bagging |
| <input type="checkbox"/> Ozone Sauna | <input type="checkbox"/> Rectal Insufflation |
| <input type="checkbox"/> Major Autohemotherapy | <input type="checkbox"/> UV Therapy |
| <input type="checkbox"/> Minor Autohemotherapy | <input type="checkbox"/> Dental Ozone Protocols |

If you would like to provide potential patients a description of other services offered in your clinic or if you use ozone for additional protocols please provide this information here (please print clearly):



The following information will not appear on the internet but is necessary for your listing:

Date of Ozone or UV Training Course: _____

Name of Company & Lecturer: _____

Manufacturer of Ozone / UV Equipment: _____

I hereby agree to allow this information to be posted on the Ozone Doctor list on the web site www.oxygenhealingtherapies.com . I understand that if at any time I would like the information to be removed from the internet I can email Oxygen Healing Therapies.com with this request and the posting would be removed immediately.

Practitioner's Signature

Practitioner's Printed Name

Date