



**Application Form for "Ozone Doctor" Member's List ©**

Oxygen Healing Therapies.com hosts a Qualified "Ozone Doctor" Members List© free of charge at [www.oxygenhealingtherapies.com](http://www.oxygenhealingtherapies.com). Thousands of people searching the internet for information on Ozone Therapy are currently searching these listings for physicians and clinics they can visit for more information or treatment. 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 listing of your services, 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"/> Ozone Dentist       |

**Provide patients a description of other services offered in your clinic or list other Ozone Protocols. Please print clearly:**

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*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](http://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

**When you have completed this form please scan this form  
or take a photo of it and email the image to**

**[info@oxygenhealingtherapies.com](mailto:info@oxygenhealingtherapies.com).**

**Thank You! Your Listing should appear on the Ozone Doctors List within 7  
Business Days.**