

Geomancy.Net – Caesarian Date Consultation Form v2.1

Please provide the following required information.

E-mail to support@geomancy.net or WhatsApp to Master Robert Lee at +65 9835-5734.

Contact Person:	_____
Contact Number:	_____ (HP) _____ (Tel)
E-mail Address:	_____
Urgency of Work:	[] Normal within 3-5 days [] Urgent within 48 hours (Extra service fee will be chargeable if not paid during order)
Comments:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Full Name		Gender	Date of Birth	Calendar
Baby's Detail (REQUIRED)				
1.	<input type="checkbox"/> Baby Boy <input type="checkbox"/> Baby Girl		N/A	N/A
Baby's Mother				
2.	_____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ (day) (month) (year) Hour of Birth: _____ If unknown, please fill N/A.	<input type="checkbox"/> English / Gregorian / Western <input type="checkbox"/> Chinese Lunar
Baby's Father				
3.	_____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ (day) (month) (year) Hour of Birth: _____ If unknown, please fill N/A.	<input type="checkbox"/> English / Gregorian / Western <input type="checkbox"/> Chinese Lunar
Baby's Siblings				
4.	_____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ (day) (month) (year) Hour of Birth: _____ If unknown, please fill N/A.	<input type="checkbox"/> English / Gregorian / Western <input type="checkbox"/> Chinese Lunar
5.	_____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ (day) (month) (year) Hour of Birth: _____ If unknown, please fill N/A.	<input type="checkbox"/> English / Gregorian / Western <input type="checkbox"/> Chinese Lunar
6.	_____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ (day) (month) (year) Hour of Birth: _____ If unknown, please fill N/A.	<input type="checkbox"/> English / Gregorian / Western <input type="checkbox"/> Chinese Lunar

Additional Information

Date Range
(ie 10 Jan to 17 Jan):

Doctor's Preferred
Availability (if known):
