

REQUEST FORM

CLINICAL EVALUATION REQUEST: BMM ACOUSTIC THERAPEUTICS

Institutional Access Authorization

Practitioner Information

- Full Name & Credentials: (e.g., Jane Doe, Ph.D., RP)
- Clinic/Organization Name:
- Professional Registration Number: (e.g., CRPO #12345)
- Clinical Focus: (e.g., C-PTSD, Neuro-rehab, Anxiety)

Evaluation Terms

I request a 7-day institutional evaluation of the selected BMM Acoustic Asset. I acknowledge that this access is for professional clinical assessment only. I agree that the audio files provided during this period are the sole intellectual property of David-Jamal Philbert and may not be redistributed, recorded, or used for public broadcast.

To Request Access:

Please copy the information above into an email and send it to contact@blackmichaelmusic.com with the subject line: [Evaluation Request] - Clinic Name.

Access credentials will be issued within 24 hours of professional verification.