



THE RICHMOND LIGHT CO. • 9840 Oxbridge Place, Suite 200 • Chesterfield, VA 23236 • sales@trlc.com • Phone (804) 840-8666 • Fax (804) 276-5378
In association with National Biological Corporation.

Home Phototherapy Unit Order Form

| | Narrow Band UVB (NB-UVB) Lamps | UVA Lamps |
|--|-----------------------------------|------------------------------|
| PANOSOL[®] 3D Full Body | 6' 10-lamp | 6' 6' 10-lamp |
| PANOSOL[®] II Panel | 6' 4-lamp 2' 8-lamp | 6' 6' 6-lamp 2' 2' 8-lamp |
| DERMALUME 2X[™] Handheld | 2-lamp | |

Pricing: All Prices are subject to change without notice.
Insurance: FREE insurance reimbursement processing.

Name: _____ Home Phone: _____ Cell Phone: _____
 Street: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____
 Place of Employment: _____ Position: _____
 Email: _____ Birth Date: _____

Credit Card No. _____ Expires: _____ Amount of check or credit card: _____

Signature: _____ Date: _____

I understand the above and completed all statements as accurately as possible. I further understand that failure to comply with my physician's instructions or to schedule periodic follow-up exams will negate my physician's responsibility for adequate patient care in the use of this product.

I authorize my patient _____, to purchase the product(s) marked above. This patient has been instructed to consult me on a regular basis for follow-up exams and is aware of the treatment procedures with this/these product(s). The manufacturer will supply a manual for each unit and/or meter purchased.

DME HCPC Code: _____ Diagnosis Code: _____

Physician Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

NPI #: _____ Email: _____

Signature: _____ Date: _____