



THE RICHMOND LIGHT CO. • 6824 Everglades Drive • Richmond, VA 23225 • sales@trc.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
<b>PANOSOL<sup>®</sup> 3D Full Body</b>	6' 10-lamp	6' 6' 10-lamp
<b>PANOSOL<sup>®</sup> II Panel</b>	6' 4-lamp 2' 8-lamp	6' 6' 6-lamp 2' 2' 8-lamp
<b>DERMALUME 2X<sup>™</sup> Handheld</b>	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.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NPI #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Terms and Conditions of Sale**

Please read the following information carefully. For assistance or questions, call a Richmond Light Company (TRLc) representative at 804-840-8666.

The Richmond Light Company equipment is sold and may be used only under the prescription of a licensed physician.

You agree to use your phototherapy device only in the manner in which it was intended. This includes following your physician's instructions, scheduling periodic follow-up examinations, and wearing protective goggles during treatments. Minor patients for whom this unit is prescribed are required to be under the supervision of a parent or guardian who understands the use of the device and assumes full responsibility for the minor.

You understand that unmet deductibles, co-pay, co-insurance and changes in your plan benefits can sometimes affect the amount of reimbursement you receive and you agree to pay the difference between the agreed upon price and the amount of your insurance reimbursement.

If your device has not been paid in full and your insurance company sends the payment to you instead of to TRLc, you agree to forward the payment to TRLc within seven (7) days of receipt.

The Richmond Light Company's standard shipping which is included in the price of the unit only includes delivery through the ground floor door of your home. If you desire additional service, such as a stair carry or transport to the interior of your home, you must indicate this to your sales representative before the purchase of the device so this service can be scheduled with our shipper. At that time, the sales representative will advise if there is an additional fee for this service. The fee is not insurance reimbursable and you will be charged for this premium level delivery either via credit card or check payment in advance of the delivery of the device.


Upon delivery to your home, you agree to visibly inspect the packaging and to note any visible damage on the freight receipt prior to accepting delivery. Please refuse any delivery of any package that has noticeable damage to the shipping container and would likely affect the unit or if you hear broken glass from inside the packaging.

Upon opening, if you notice any damage that was concealed by the packaging, you agree to notify TRLc within 24 hours of the product being delivered to your home.

You agree that you have read and fully understand the size and weight of the device and that you have space to accommodate it.

Due to the specialty nature of this new phototherapy equipment, you understand that all sales are final and no returns will be accepted. Exchanges for inoperable devices are allowed if covered by warranty.

I received, understand, and agree with these terms and conditions.

**Signature** 

**Date** 