



THE RICHMOND LIGHT COMPANY • 2301 FALKIRK DRIVE • RICHMOND, VIRGINIA 23236

Toll Free Phone (888) 276-0559 • Fax (804) 276-5378 • Voice (804) 276-0559

Mailing Address (Please print or type)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Shipping Address

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone No.: () _____ Home () _____ Work

Please call TRL for current prices before completing this Order Form.

- Model 2800 (6 Foot) 8 HO lamp Light Source**
- Caster option, add
- Model 2600 (6 Foot) 6 HO lamp Light Source**
- Caster option, add
- Model 2400 (6 Foot) 4 HO lamp Light Source**
- Caster option, add

** Your physician may prescribe **Broad Band UVB** or **Narrow Band UVB** (circle one)

Total: _____

(UVA lamps are available on special request.)

Please Choose Method of Shipping

- Freight collect (Pay freight at time of delivery)
- Prepay and add freight (Call for a shipping quote) _____

You will be notified of the shipping company's name and the approximate date of delivery.

Order Total: _____

Make check payable to **The Richmond Light Company**. (Certified or Cashier's check will speed delivery as there is a two (2) week delay for personal checks.) **Full financial arrangements must be made prior to shipment of the unit.**

Please bill my credit card:

Account No.: _____



Verification No. from back of card: _____

Expiration Date: ____/____ Signature: _____

MEDICARE ELIGIBLE RECIPIENTS must give their name, date of birth, sex, and Medicare number exactly as it appears on their card.

Medicare No.: _____ Date of Birth: _____ Sex: Male Female

IMPORTANT! The **CONDITION OF SALE** form on the reverse side must be completed and a **PRESCRIPTION** for the purchase of the unit, signed by your physician, must accompany your order. Revised 01/07

CONDITION OF SALE

Ultraviolet light sources manufactured by **The Richmond Light Company** are intended solely for use in the treatment of skin disorders. They are not to be used as a tanning device. Using the manual provided, the patient agrees to obtain the required understanding of the use of the unit under the supervision of the prescribing physician. Minor patients for whom this unit is prescribed must be under the supervision of a parent or guardian who understands the proper use of this equipment and assumes full responsibility for the minor.

When using a Model 672 or Model 648 UVB unit equipped with the Power Enhancer option, reduce the recommended treatment exposure time in the instruction manual by one-half. (Example: A two (2) minute exposure time will be reduced to a one (1) minute exposure time.) The prescribing physician must supply the exposure times when units are equipped with **Narrow Band UVB** lamps. **Caution:** Avoid Overexposure. Overexposure will result in "sunburn."

All persons operating and assisting with the unit must wear **UV Protective Goggles**. All nonessential persons and pets must be removed from the area.

The Richmond Light Company assumes no responsibility for the medical or other health related side effects due to use or misuse of ultraviolet light sources that it manufactures. The patient and physician release **The Richmond Light Company** from any and all responsibility for medical complications that may result from the use or exposure to this unit.

The patient agrees to have a general skin examination by the prescribing physician or dermatologist at least once a year.

The patient recognizes and agrees that failure to follow the instructions of the prescribing physician releases the physician and **The Richmond Light Company** from all liability for any negative consequences due to the use of this product.

The purchaser agrees that if ownership of a unit is transferred to another person, it must be done only after notifying **The Richmond Light Company** and through a physician who will prescribe the use of the unit and become responsible for seeing that it is used in the prescribed manner. The purchaser understands that until the subsequent purchaser assumes responsibility for the use of the unit by signing a release form similar to this one, the original purchaser is solely responsible for any negative consequences for the use of this unit.

This document should be accompanied by a proper prescription directing the patient to acquire a UV Light Source for the treatment of a skin disorder.

SIGNATURE: _____ DATE: _____
(Patient or Legal Guardian)

PLEASE TYPE OR PRINT

Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician Telephone No.: (_____) _____

Physician UPIN No.: _____