



1515 Snow Valley Road  
 Minesing, ON L0L 1Y3  
 Toll Free: 866-813-3357  
 Fax: 705-739-9684 (24hr)  
[info@solarcsystems.com](mailto:info@solarcsystems.com)  
 SolarcSystems.com

**HOME PHOTOTHERAPY ORDER FORM**  
**For Canadian Customers (5 Pages)**



**Directions for Use:**

1. Read and understand the "Terms and Conditions of Sale", then complete each applicable section of the form.
2. Healthcare Professional prescriptions are **OPTIONAL**. A prescription is NOT required to claim the Medical Expense Tax Credit on your tax return, but may help with a claim to an employer health insurance plan. Remember to keep a copy of your prescription for your files.
3. Fax, email or mail your order to Solarc. Be sure to include all applicable sides of this form. Once received, Solarc will acknowledge your order and provide shipping information.

Qty	Part Number	SolRx™ Product Description	Unit Price	Total										
<b>E-Series Expandable / Multidirectional Phototherapy:</b> 6 foot panel with two 100-watt UVB-Narrowband bulbs.														
	E720M-UVBNB	MASTER device with timer. Always required first.	\$ 1195.00											
	E720A-UVBNB	ADD-ON device (Up to 4 allowed per Master device)	\$ 995.00											
	Face-Shield-M	Face Shield for MASTER device	\$ 35.00											
	Face-Shield-A	Face Shield for ADD-ON device	\$ 35.00											
<b>1000 Series Full Body Home Phototherapy:</b> 6 foot panel with 100-watt bulbs.														
	1790UVB-NB	10 Bulb UVB-Narrowband (1000 watts)	\$ 2895.00											
	1780UVB-NB	8 Bulb UVB-Narrowband (800 watts)	\$ 2595.00											
	1760UVB-NB	6 Bulb UVB-Narrowband (600 watts)	\$ 2295.00											
	1740UVB-NB	4 Bulb UVB-Narrowband (400 watts)	\$ 1995.00											
	1760UVB	6 Bulb UVB-Broadband (600 watts)	\$ 2095.00											
	1740UVB	4 Bulb UVB-Broadband (400 watts)	\$ 1795.00											
<b>500 Series Hand/Foot &amp; Spot Phototherapy:</b> Tabletop device with 36-watt bulbs. (PL-L36W/01)														
	550UVB-NB	5 Bulbs UVB-Narrowband (180 watts)	\$ 1695.00											
	530UVB-NB	3 Bulbs UVB-Narrowband (108 watts)	\$ 1395.00											
	520UVB-NB	2 Bulbs UVB-Narrowband (72 watts)	\$ 1195.00											
<b>100 Series Handheld Phototherapy:</b> Small wand with two 9-watt bulbs. Includes carrying case and one set of six Aperture Plates. The Positioning Arm and UV-Brush for scalp psoriasis are optional.														
	120UVB-NB	2 Bulbs UVB-Narrowband (18 watts)	\$ 795.00											
	120UVB	2 Bulbs UVB-Broadband (18 watts)	\$ 795.00											
	Arm-100	Positioning Arm Kit for 100 Series Wand	\$ 245.00											
	UV-Brush-100	UV-Brush for 100 Series (each)	\$ 50.00											
	AP-100	Spare Aperture Plates for 100 Series, Set of 6	\$ 25.00											
<b>Common Replacement Ultraviolet Bulbs:</b> Shipping & Packaging Extra. Many other UV bulb types available.														
	TL100W/01	6ft UVB-Narrowband "Long" length, Philips	\$ 120.00											
	TL100W/01-FS72	6ft UVB-Narrowband "FS72" or "Short" length, Philips	\$ 120.00											
	PL-L 36W/01	Fits Solarc 500 Series UVB-Narrowband, Philips	\$ 105.00											
	PL-S 9W/01	Fits Solarc 100 Series UVB-Narrowband, Philips	\$ 45.00											
	PL-S 9W/12	Fits Solarc 100 Series UVB-Broadband, Philips	\$ 45.00											
	FS72T12/UVB/HO	Fits Solarc 6ft UVB Broadband and many others	\$ 110.00											
	Shipping	For replacement bulbs/beyond points. Call for pricing	\$ Call											
<table border="1"> <thead> <tr> <th colspan="2">HST/GST Rates:</th> </tr> </thead> <tbody> <tr> <td>Nova Scotia</td> <td>15%</td> </tr> <tr> <td>Ontario, New Brunswick, Nfld.</td> <td>13%</td> </tr> <tr> <td>British Columbia (before/after April 01-2013)</td> <td>12% / 5%</td> </tr> <tr> <td>All other</td> <td>5%</td> </tr> </tbody> </table>			HST/GST Rates:		Nova Scotia	15%	Ontario, New Brunswick, Nfld.	13%	British Columbia (before/after April 01-2013)	12% / 5%	All other	5%	<p><b>SUBTOTAL</b></p> <p><b>HST / GST</b></p> <p><b>Total Purchase CAN\$</b></p>	
HST/GST Rates:														
Nova Scotia	15%													
Ontario, New Brunswick, Nfld.	13%													
British Columbia (before/after April 01-2013)	12% / 5%													
All other	5%													

All devices are fully assembled with new ultraviolet bulbs, 1 pair ultraviolet protective goggles, comprehensive user's manual with exposure guidelines for psoriasis / vitiligo / atopic dermatitis (eczema), and mounting hardware if needed. There is nothing else that you need to purchase. **Shipping is included to most locations in Canada.** Extra charges apply for remote locations and "Beyond Points".

**PATIENT / RESPONSIBLE PERSON INFORMATION** (Please print clearly)

Patient Name: \_\_\_\_\_ Responsible Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Solarc Systems Inc. Terms and Conditions of Sale for Ultraviolet Phototherapy Device:**

1. The "Device" is defined as a Solarc/SolRx Ultraviolet Phototherapy Lamp Unit or Ultraviolet Phototherapy Bulbs.
2. The "Patient" is defined as the person that is intended to receive ultraviolet skin treatments using the Device.
3. The "Responsible Person" is defined as the Patient or any person that is in care or custody of the Patient, such as a parent or guardian.
4. A "Healthcare Professional" is defined as a medical doctor (MD) or nurse practitioner qualified to provide advice on ultraviolet phototherapy and qualified to perform skin examinations for skin cancer and other adverse effects.
5. The Responsible Person acknowledges that they have been advised by Solarc Systems to seek the advice of a Healthcare Professional to ensure that ultraviolet phototherapy is a suitable treatment option for the Patient's diagnosis and to evaluate the Responsible Person's ability to use the Device safely.
6. The Responsible Person agrees that the Device will be used only by the Patient.
7. The Responsible Person agrees that the Device will be used only if the Responsible Person arranges and obtains for the Patient a skin examination performed by a Healthcare Professional at least once per year.
8. The Responsible Person agrees to indemnify and hold harmless the Healthcare Professional and/or Solarc Systems Inc. and/or any associated reseller from any action or claim if the Responsible Person fails to arrange and obtain for the Patient a skin examination performed by a Healthcare Professional at least once per year.
9. For Solarc/SolRx Ultraviolet Phototherapy Lamp Unit purchases, the Responsible Person agrees to read and fully understand the User's Manual supplied with the Device before the Patient's first treatment. If any part of the User's Manual is not understood, the Responsible Person agrees to consult with a Healthcare Professional for interpretation. The Responsible Person agrees to request a replacement User's Manual should the original be lost (A replacement User's Manual will be supplied free of charge by Solarc Systems Inc.).
10. The Responsible Person agrees that the Patient and all other persons exposed to the ultraviolet light produced by the Device will wear ultraviolet protective eyewear during Device operation.
11. The Responsible Person understands that, as with natural sunlight, use of the Device may cause adverse effects, including, but not limited to premature aging of the skin and skin cancer. The Responsible Person agrees that the Healthcare Professional and/or Solarc Systems Inc. and/or any associated reseller is not responsible for any adverse effects arising from the use or misuse of the Device.
12. For E-Series Devices, the Responsible Person agrees that ADD-ON Devices will only be connected to and operated from a Solarc E-Series MASTER Device, to a maximum of 4 ADD-ON Devices per MASTER Device.
13. This transaction and its terms and conditions shall be governed by the laws of Ontario and the laws of Canada applicable in Ontario.
14. Solarc Systems Inc. and the Responsible Person agree to accept signatures by fax and that they shall be legal and binding.

**I understand and agree to the above:**

Responsible Person Signature:  \_\_\_\_\_ Date:  \_\_\_\_\_

**SHIPPING INFORMATION**  Same as above

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SolRx 1000 Series Shipping Policy:** This is an overweight package (>70lbs). It is therefore necessary that the receiver be present and assist the driver with unloading. It is **not** possible for the Courier to call before the shipment is delivered and the Courier will make **only one attempt** to deliver the package. It is therefore strongly recommended that the "Ship To" address be one that is likely to have somebody there during working hours, such as a place of business. If nobody is present at the time of delivery, the Courier will leave a notice that the delivery was attempted. It will then be necessary for the receiver to pickup the package **within 5 days** from the Courier's depot **at the receiver's expense**. Pickups will require at least a minivan, station wagon or pickup truck OR if the device is taken out of the shipping box, it may fit into a smaller station wagon. Alternatively, a local delivery service could be used. Delivery times are normally next day in Ontario and 3-5 days to the West, Quebec and Maritimes.

**CREDIT CARD INFORMATION**  VISA or  MASTERCARD only (Please print clearly)

Cardholder Name: \_\_\_\_\_ Total Purchase: CAN\$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date (mm:yy) \_\_\_\_\_

I agree to pay card issuer indicated amount pursuant to cardholder agreement:

Cardholder's Signature: **X** \_\_\_\_\_ Dated: **X** \_\_\_\_\_

Alternatively, customers can call 866-813-3357 (or 705-739-8279) and provide their credit card information verbally. Click the box below if that is your preference

I will call Solarc and provide my credit card information verbally.

Provincial Sales Taxes for Non-HST-Participating Provinces may apply and are payable by the Purchaser.

HST / GST rates subject to change without notice.

Pricing valid from **April 01, 2012** and subject to change without notice.

Continued on next page: Optional Healthcare Professional Approval Section if applicable

The following Healthcare Professional Approval section is **OPTIONAL**. A prescription is NOT required to claim the Medical Expense Tax Credit on your tax return, but may help with a claim to an employer health insurance plan. Ask your Healthcare Professional (Medical Doctor or Nurse Practitioner) to complete the following information **OR** attach a separate prescription slip where indicated below. Keep a copy of your prescription for your records; Solarc does NOT require the original.

**Healthcare Professional Approval**

To be completed by the Healthcare Professional (Medical Doctor or Nurse Practitioner)

**OR** attach separate prescription slip below.

I hereby authorize my Patient, \_\_\_\_\_ to obtain a  **UVB-Narrowband**  **UVB-Broadband** Ultraviolet Home Phototherapy Device as specified above. The Responsible Person understands that they must read and understand the User's Manual before using the Device, and that they must arrange and obtain for the Patient a skin examination performed by a Healthcare Professional at least once per year.

Healthcare Professional Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Comments: \_\_\_\_\_

I am a:  **Dermatologist**  **GP**  **Other:** \_\_\_\_\_

Please send me **additional information** about:  **Solarc** phototherapy products  **UVB-Narrowband**.

If faxing, use this area to attach separate prescription slip. Fully tape the top edge to prevent jamming the fax machine.

The following ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT is an **OPTIONAL** agreement between the **Responsible Person** and the **Healthcare Professional (Medical Doctor or Nurse Practitioner)** . Your **Healthcare Professional** may ask that you sign this agreement before issuing a prescription for an **Ultraviolet Home Phototherapy Device**:

ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

TO: \_\_\_\_\_ (*Name of Healthcare Professional* )

FROM: \_\_\_\_\_ (*Name of Responsible Person*)

\_\_\_\_\_ (*Name of Patient*)

RE:

I, \_\_\_\_\_ HEREBY ACKNOWLEDGE AND CONFIRM that I have consulted with the Healthcare Professional named above, to assist me with the initial selection and ongoing safe use of an Ultraviolet Home Phototherapy Device (the “Device”).

I FURTHER HEREBY ACKNOWLEDGE AND CONFIRM that I have read and fully understand the content, limitations and instructions contained in the **Solarc Systems Inc. Terms and Conditions of Sale for Ultraviolet Home Phototherapy Device** (the “Information Document”), including but not limited to the following specific requirements:

- a) The Responsible Person agrees that the Device will be used only if the Responsible Person arranges and obtains for the Patient a skin examination performed by a Healthcare Professional at least once per year.
  
- b) The Responsible Person understands that, as with natural sunlight, use of the Device may cause adverse effects, including, but not limited to premature aging of the skin and skin cancer. The Responsible Person agrees that the Healthcare Professional is not responsible for any adverse effects arising from the use or misuse of the Device.

I FURTHER ACKNOWLEDGE AND CONFIRM that I have been advised of the implications of not following the instructions contained in the Information Document, including, but not limited to, the possibility of undetected skin cancer or other adverse effects, and I hereby indemnify and save harmless the Healthcare Professional named above with respect to any action that I may have against the Healthcare Professional named above or any of his affiliate practitioners or professional corporations should I not abide by my express obligations contained in the Information Document, including but not limited to providing my current address and full contact information to such practitioner.

DATED at \_\_\_\_\_ (city), this \_\_\_\_\_ day of \_\_\_\_\_(month) , \_\_\_\_\_(year).

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature of Responsible Person*