



12 Parker Court
 Barrie, ON L4N 2A6
 Toll Free: 866-813-3357
 Fax: 705-739-9684 (24hr)
 info@solarcsystems.com
 www.solarcsystems.com

HOME PHOTOTHERAPY ORDER FORM
For Canadian Customers (3 Pages)



Directions for Use:

1. Read and understand the "Terms and Conditions of Sale", then complete each applicable section of the form.
2. Have your physician complete the "Physician Approval" section **OR** obtain prescription indicating UVB-Narrowband or UVB Broadband. This is a mandatory requirement. Please keep copies for your records.
3. Fax, email or mail your order to Solarc. Be sure to include both sides of this form, plus your physician approval or prescription. Prescriptions may be subject to Solarc's verification with Physician. Once received, Solarc will acknowledge your order and provide shipping information.

Qty	Part Number	Product Description	Unit Price	Total Price
Full Body Home Phototherapy: SolRx™ 1000 Series: 6 foot panels				
	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	
Hand/Foot & Spot Phototherapy: SolRx™ 500 Series: All models use 36-watt bulbs. (PL-L36W/01/4P)				
	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	
Handheld Phototherapy: SolRx™ 100 Series: All models use 9-watt bulbs (PL-S9W/01/2P or PL-S9W/12/2P) All 100 Series models include 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 units (each)	\$ 295.00	
	UV-Brush-100	UV-Brush for 100 Series (each)	\$ 45.00	
	AP-100	Spare Aperture Plates for 100 Series, Set of 6	\$ 25.00	
Common Replacement Ultraviolet Bulbs: 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/01/4P	Fits Solarc 500 Series UVB Narrowband, Philips	\$ 105.00	
	PL-S 9W/01/2P	Fits Solarc 100 Series UVB Narrowband, Philips	\$ 45.00	
	PL-S 9W/12/2P	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	
SUBTOTAL				
Nova Scotia, New Brunswick, Newfoundland Residents pay only HST (13%)				
All other Canadian Residents including Ontario pay GST (5%)				
Ontario Residents also pay PST (8%)				
Total Purchase CAN\$				

All devices are fully assembled with new ultraviolet bulbs, 1 pair ultraviolet protective goggles, comprehensive user's manual with exposure guidelines for psoriasis & vitiligo, 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 "Beyond Points".



PATIENT INFORMATION (Please print clearly)

Name: _____
Address: _____
City: _____ Province _____ Postal Code _____
Phone: _____ Fax: _____ Email: _____

Terms and Conditions of Sale

1. The Responsible Person agrees that the device will be used only by the person to whom it is prescribed.
2. The Responsible Person agrees that the UV protective eyewear will be worn whenever the device is used. This includes the device user and any other persons exposed to the ultraviolet light.
3. The Responsible Person agrees that the device will be used only if its user receives regular follow-up skin examinations by a physician at least once every six months.
4. For phototherapy equipment sales, the Responsible Person agrees to read and understand the User's Manual supplied with the device. If any part of the User's Manual is not understood, the Responsible Person agrees to consult with a physician for interpretation. The Responsible Person agrees to request a replacement User's Manual should the original be lost. (Will be supplied free of charge by Solarc Systems.)
5. The Responsible Person agrees that Solarc Systems Inc. and/or any associated reseller is not responsible for the misuse of the phototherapy device, nor for any adverse effects arising from its use.
6. This transaction and its terms and conditions shall be governed by the laws of Ontario and the laws of Canada applicable in Ontario.
7. Solarc Systems Inc. and the Responsible Person agree to accept signatures by fax and that they shall be legal and binding.

I understand the above; have completed all statements accurately; and supplied a valid Physician's prescription :

Responsible Person Signature:  _____ Dated:  _____

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 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:  _____ Dated:  _____

Provincial Sales Tax for Provinces other than Ontario may apply and are payable by the Purchaser.

Pricing valid from **Jan 2008** and subject to change without notice.

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Have your physician complete the following "PHYSICIAN APPROVAL" section, or if faxing, attach a separate prescription slip where indicated below.

PHYSICIAN'S APPROVAL (Completed by the supervising Physician **OR** attach separate prescription.)

I hereby authorize my patient, _____ to obtain a **UVB-NarrowBand** **UVB-Broadband** 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 the device's user must obtain regular follow-up skin examinations by a physician at least once every 6 months.

Physician's 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.

