Physician Approval/Patient Order Form

NATIONAL BIOLOGICAL

The Phototherapy Experts!

UVB-NB(Narrowband) Phototherapy Systems

FOLDALITE® III Full Body
☐ 16 Lamp 6 ft. UVB-NB - Folding Unit

PANOSOL® 3D Full Body
☐ 10 Lamp 6 ft. UVB-NB with Side Light Panels

PANOSOL® II Panel
☐ 4 Lamp 6 ft. UVB-NB
☐ 8 Lamp 2 ft. UVB-NB

Contact us for pricing

HANDISOL® II
☐ 4 Lamp UVB-NB

HAND/FOOT II™
☐ 8 Lamp UVB-NB

DERMALUME 2X™ Handheld
☐ 2 Lamp UVB-NB

DERMALIGHT®-90 Scalp Treatment
☐ UVB-NB - 3 lamps

UVA and UVA-1 Phototherapy Systems

PANOSOL® 3D Panel
☐ 10 Lamp 6 ft. UVA or UVA-1 with Side Light Panels

PANOSOL® II Panel
☐ 6 Lamp 6 ft. UVA or UVA-1
☐ 8 Lamp 2 ft. UVA or UVA-1

HAND/FOOT II™
☐ 8 Lamp UVA

Please contact us if a different wavelength is required.
Replacement lamps & accessories also available.

TERMS

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

PHYSICIAN APPROVAL

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: _____

DME HCPC Code: _____ Diagnosis Code: _____

Special Instructions:
Please indicate skin type and diagnosis

PATIENT DATA

Name: _____ Home Phone: _____ Cell Phone: _____

Street: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Health Insurance Plan: _____

Patient's Date of Birth: _____ Email: _____

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