

Doctor Authorization Form

UVB-Lamps.com
Support
 support@uvb-lamps.com

ORDER # (4 digits) S _____ ORDER DATE _____

Please Print Clearly

PATIENT INFORMATION

PATIENT NAME (Prescribed for) _____
 Adult/Guardian (if Patient is under age 18) _____

BILLING INFORMATION (As shown on order)

Name: _____
 Address: _____ Apt/Ste/Other: _____
 City: _____ State: _____ Zip Code: _____
 EMAIL: _____ PHONE #: _____

Please print EMAIL ADDRESS clearly; Patient will be contacted via email when we receive this document

I authorize UVB-Lamps.com to verify doctor authorization

 Patient signature (Adult/Guardian signature if patient is under 18)

This Form valid only if faxed or emailed from Doctor's Office

Please Print Clearly

DOCTOR INFORMATION

Physician Name: _____
 Medical Facility: _____
 Address: _____ Suite/Other _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ FAX #: _____
 LICENSE #: _____ EMAIL: _____

Patient is: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	UVB 311nm Phototherapy has been prescribed for patient by licensed medical doctor	<input type="checkbox"/> Yes
	UVB 311nm Phototherapy Dosing Schedule has been prescribed and discussed with patient	<input type="checkbox"/> Yes
	Patient has been instructed how to safely use this device	<input type="checkbox"/> Yes
	Patient understands all individuals present during treatment must wear UV protection goggles	<input type="checkbox"/> Yes
<input type="checkbox"/> UVB Lamp is for Medical Office Use	additional IF PATIENT IS UNDER AGE 18:	
	Both patient & adult/guardian have been instructed how to safely use this device	<input type="checkbox"/> Yes
	Adult/guardian acknowledges responsibility for operating this device	<input type="checkbox"/> Yes
	Patient & adult/guardian understand all individuals present during treatment must wear UV protection goggles	<input type="checkbox"/> Yes

Prescriber's Signature: _____ **Date:** _____

This Form must be EMAILED or FAXED from Doctor's Office

support@uvb-lamps.com

Please indicate Doctor Authorization in subject line if sending by email

(Order will not be shipped until doctor authorization is verified. Must be 18 years or older to purchase this product)