


**Directions for Use:**

1. Read and understand the "Terms and Conditions of Sale", then complete each applicable section. Adobe Acrobat Reader is required - download for free at [get.adobe.com/reader](http://get.adobe.com/reader).
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's health insurance plan. Remember to keep a copy of your prescription for your files.
3. This form can be completed electronically or by hand. To submit electronically, use the "SUBMIT" button on page 3. For hand completed forms, submit by fax to 705.739.9684, by scan/smart-phone photo & email, or by letter-mail. Once received and accepted by Solarc, we will acknowledge your order and provide shipping information and Tracking#.

Qty	Part Number	SolRx™ Product Description	Unit Price	Total
<b>E-Series Expandable / Multidirectional Phototherapy:</b> 6 foot panels each with two 100-watt bulbs (TL100W/01-FS72)				
	E720M-UVBNB	<b>MASTER</b> device with timer. Always required first	\$ 1195.00	\$
	E720A-UVBNB	<b>ADD-ON</b> device (Up to 4 allowed per Master device)	\$ 995.00	\$
	2M+8A Package	<b>10 Device</b> BOOTH Package (20 bulbs, 2000 watts)	\$ 9495.00	\$
	2M+6A Package	<b>8 Device</b> BOOTH Package (16 bulbs, 1600 watts)	\$ 7795.00	\$
	1M+4A Package	<b>5 Device</b> Package (10 bulbs, 1000 watts)	\$ 4895.00	\$
	Face-Shield-M	Face Shield for one MASTER device	\$ 35.00	\$
	Face-Shield-A	Face Shield for one ADD-ON device	\$ 35.00	\$
<b>1000-Series Full Body Home Phototherapy:</b> 6 foot panel with 100-watt bulbs (TL100W/01-FS72)				
	1790UVB-NB	<b>10</b> Bulb UVB-Narrowband (1000 watts)	\$ 2895.00	\$
	1780UVB-NB	<b>8</b> Bulb UVB-Narrowband (800 watts)	\$ 2595.00	\$
	1760UVB-NB	<b>6</b> Bulb UVB-Narrowband (600 watts)	\$ 2295.00	\$
	1740UVB-NB	<b>4</b> Bulb UVB-Narrowband (400 watts)	\$ 1995.00	\$
<b>500-Series Hand/Foot &amp; Spot Phototherapy:</b> Tabletop device with 36-watt bulbs (PL-L36W/01)				
	550UVB-NB	<b>5</b> Bulb UVB-Narrowband (180 watts)	\$ 1695.00	\$
	530UVB-NB	<b>3</b> Bulb UVB-Narrowband (108 watts)	\$ 1395.00	\$
	520UVB-NB	<b>2</b> Bulb UVB-Narrowband (72 watts)	\$ 1195.00	\$
<b>100-Series Handheld Phototherapy:</b> Two 9-watt bulbs (PL-S9W/01). Includes carrying case and one set of six Aperture Plates				
	120UVB-NB	<b>2</b> Bulb UVB-Narrowband (18 watts)	\$ 795.00	\$
	Arm-100	Positioning Arm for hands-free use of wand	\$ 245.00	\$
	UV-Brush-100	UV-Brush for scalp psoriasis. Attaches to wand	\$ 50.00	\$
<b>Common Replacement Ultraviolet Bulbs:</b> Shipping Extra. CALL FOR OTHER UV BULB TYPES				
	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	\$ 50.00	\$
	FS72T12/UVB/HO	Fits Solarc 6ft UVB-Broadband and many others	\$ 110.00	\$
				\$
				\$
	Shipping	For replacement bulbs/remote locations. Call for pricing	\$ Contact Us	\$
			<b>SUBTOTAL</b>	\$
			<b>HST/GST</b>	\$
			<b>TOTAL PURCHASE CAN\$</b>	\$

HST/GST Rates (subject to change)	
Nova Scotia	15%
Prince Edward Island	14%
Ontario, New Brunswick, Nfld.	13%
All other	5%


**Choose Your Province Here**

Devices listed are 120-volt and fully assembled with Phillips UVB-Narrowband bulbs, UV protective eyewear, comprehensive user's manual with exposure guidelines for psoriasis / vitiligo / atopic dermatitis (eczema), and mounting hardware as needed. Standard Home Phototherapy Warranty: 4 years on the device / 1 year on the bulbs. There is nothing else that you need to purchase. \*Device shipping is included to most locations in Canada - extra charges apply for remote locations (beyond points). Provincial Sales Taxes for Non-HST-Participating Provinces may apply and are payable by the Purchaser. Most devices are also available in 230-volt; or as UVB-Broadband, UVA (PUVA) and UVA-1; please call for further info. \*\*Fits Solarc E-Series & 1000-Series. Proudly made in Canada since 1992. Prices valid from March 01, 2015.

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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 eye-wear 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 sunburn, 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 (120-volt), 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 electronically or by fax, and that they shall be legal and binding.
15. The Responsible Person agrees to accept Solarc Systems Inc. Privacy Policy including retention of personal data for the life of this medical device (25 years). For our full Privacy Policy see: [http://www.solarcsystems.com/solarc\\_privacy.html](http://www.solarcsystems.com/solarc_privacy.html)
16. The Responsible Person agrees that, by checking the signature check box below, they are agreeing to these Terms and Conditions. If completing by hand, please apply your written signature instead.

I understand and agree to the above: \_\_\_\_\_ Date: \_\_\_\_\_

YYYY-MM-DD

### **SHIP-TO INFORMATION** SAME AS ABOVE

Name \_\_\_\_\_

Address \_\_\_\_\_

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


Phone \_\_\_\_\_

**SolRx 1000-Series & E-Series Shipping Policy:** This is an oversize package, 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 vehicle. 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.

1515 Snow Valley Road, Minesing, ON L0L 1Y3 • T 866.813.3357 • F 705.739.9684 (24hr) • [info@solarcsystems.com](mailto:info@solarcsystems.com)

**HOME PHOTOTHERAPY PAYMENT OPTIONS**

- I will send a Bank E-transfer to orders@solarcsystems.com. Limits may apply (typically \$2000 per day).  
**Bonus:** Choose this payment method and your device warranty will be extended from 4 years to 5 years!

- I will pay by credit card - VISA & MasterCard only. 
- I will provide my credit card information by phone to Solarc at 866.813.3357 (local 705.739.8279).

Cardholder Name \_\_\_\_\_ Total Purchase CDN\$ **0.00** \_\_\_\_\_

CREDIT CARD NUMBER	EXPIRY DATE MM/YY	CVV Found on the back, just beside your signature.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
YYYY-MM-DD

- I will send a bank wire transfer. Contact Solarc for banking details.
- I will send a certified cheque payable to "Solarc Systems Inc". Uncertified cheques are accepted; however, the clearing process could add up to a 2 week delay.

Note: It is not possible to accept payment by DEBIT cards at this time, unless the purchase is made in person.

*Continued on the next two pages: Optional Healthcare Professional Approval Prescription Section AND Acknowledgment and Indemnity Agreement if applicable; these pages are NOT required by Solarc.*

**Special Instructions / Suggestions**



**Thank you for your order!**

The following Healthcare Professional Approval section is **OPTIONAL** , and to be completed by hand. 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 a copy of this document.

### 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 Solarc/SolRx Ultraviolet Home Phototherapy Device. 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 ACKNOWLEDGMENT AND INDEMNITY AGREEMENT is an OPTIONAL agreement between the Responsible Person and the Healthcare Professional (Medical Doctor or Nurse Practitioner) . Print and complete this page by hand. Your Healthcare Professional may ask that you sign this agreement before issuing a prescription for an Ultraviolet Home Phototherapy Device:**

**ACKNOWLEDGMENT 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