

LIGHT BED & SHP CHECK LIST

CHAMBER OPERATIONAL CHECKLIST

INFO:

Date: _____

Your Sales Representative's Name: _____

Your Full Name: _____

Items You Purchased: _____

Above sales representative must go over each item to confirm receipt and your understanding of each topic. Check all that apply:

RECEIVED:

- | Y | N | | Y | N | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight light bed | <input type="checkbox"/> | <input type="checkbox"/> | 1 acrylic headrest |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 wireless touch screen controller | <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight towel |
| <input type="checkbox"/> | <input type="checkbox"/> | White glove inside delivery, setup and basic training | <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight t-shirt |
| <input type="checkbox"/> | <input type="checkbox"/> | Online video training within Certification page | <input type="checkbox"/> | <input type="checkbox"/> | 1 User manual |
| <input type="checkbox"/> | <input type="checkbox"/> | Echo Clean — Bed Cleanser | <input type="checkbox"/> | <input type="checkbox"/> | 1 protective eye goggles (blackout) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 eye masks (cloth protection cover) | | | |



DISCUSSED OR RECEIVED:

Y N

- 5-year bed warranty explained
- Lifetime LED warranty explained

RECEIVED -

IF FULL SHP ORDERED:

Y N

- PEMF Mat (if purchased)
- Electrolyte supplement
- HyperMax Oxygen system (if purchased)
- 10 SHP brochures

CONFIRMATION

Date:

Signature:

Please take a photo of pages and email to:
info@davincimedicalusa.com

THANK YOU!