

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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight light bed |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 wireless touch screen controller |
| <input type="checkbox"/> | <input type="checkbox"/> | White glove inside delivery, setup and basic training |
| <input type="checkbox"/> | <input type="checkbox"/> | Online video training within Certification page |
| <input type="checkbox"/> | <input type="checkbox"/> | Echo Clean — Bed Cleanser |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 eye masks (cloth protection cover) |

Y N

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 acrylic headrest |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight towel |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight t-shirt |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 User manual |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 protective eye goggles (blackout) |

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!



DA VINCI MEDICAL®

