

# LIGHT BED & SHP CHECK LIST

## INFO:

Date: \_\_\_\_\_

Your Sales Representative's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Business 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 360HD 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"/> | Wireless "ready chime" to alert front desk (businesses only) |
| <input type="checkbox"/> | <input type="checkbox"/> | Online video training within Certification page       | <input type="checkbox"/> | <input type="checkbox"/> | 1 TheraLight t-shirt   |
| <input type="checkbox"/> | <input type="checkbox"/> | Echo Clean — Bed Cleanser                             | <input type="checkbox"/> | <input type="checkbox"/> | 1 User manual  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 protective eye goggles (blackout)                   | <input type="checkbox"/> | <input type="checkbox"/> | Inclusion in TheraLight locator (businesses only)            |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 eye masks (cloth protection cover)                  |                          |                          |  |



## MARKETING MATERIALS:

- | Y                        | N                        |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 250 Rack Cards         |
| <input type="checkbox"/> | <input type="checkbox"/> | 100 Newsletter Flyers  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6ft Retractable Banner |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 TheraLight Posters   |
| <input type="checkbox"/> | <input type="checkbox"/> | 250 Referral Cards     |

## DISCUSSED OR RECEIVED:

- | Y                        | N                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Website SEO consultation (to boost traffic - businesses only) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5-year bed warranty explained                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Lifetime LED warranty explained                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital light bed content (images and videos)                 |

## RECEIVED - IF FULL SHP ORDERED:

- | Y                        | N                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | PEMF Mat   |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrolyte supplement                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | HyperMax Oxygen system                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Inclusion in SHP locator (businesses only)             |
| <input type="checkbox"/> | <input type="checkbox"/> | 25 SHP brochures                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital content (logos, images, videos)                |
| <input type="checkbox"/> | <input type="checkbox"/> | Welcome post on Instagram                              |
| <input type="checkbox"/> | <input type="checkbox"/> | SHP Certificate (mailed to business and to be printed) |

*BUSINESS OWNER*

Date:

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Signature:

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Please take a photo of pages and email to:  
[info@davincimedicalusa.com](mailto:info@davincimedicalusa.com)