

Patient Name:
Street Address:
City, State, Zip:
Date:
<b>Rx</b> for: <i>UVBioTek</i> Home UVB System
<input type="checkbox"/> Model 1600B NB (16 UVB lamp unit)
<input type="checkbox"/> Model 800B NB (8 UVB lamp unit)
<input type="checkbox"/> Model 100B NB-SP (10 UVB lamp unit)
<input type="checkbox"/> Model 80B NB -SP (8 UVB lamp unit)
<input type="checkbox"/> Model 60B NB -SP (6 UVB lamp unit)
<input type="checkbox"/> Mobile-Lite NB (6 UVB lamp unit)
<input type="checkbox"/> Check for Broadband UVB lamps
<i>This patient has been approved to have the Home UVB system specified above. It is <u>Medically Necessary</u>.</i>
Signature: _____,MD
Printed Name:
Address:
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