

S•A•D Light Home Patient Order Form

Fax To: 419-636-7916 Mail To: PO Box 626 Bryan, OH 43506



To place your order, follow the **3 Steps** below. Please print clearly. For assistance, call our representatives at 1-800-322-8546.

Patient Info:

Patient Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Date of Birth _____ Gender: Male ___ Female ___ Physician _____

Condition: Seasonal Affective Disorder Other: _____

How did you hear about Daavlin? Doctor Website Magazine Ad

Internet Search Facebook Twitter Other _____

STEP

2

Circle the item(s) you wish to order.

Brighter Days	10,000 LUX at 10-12 in.	\$190.00
TravelITE	10,000 LUX at 10-12 in.	\$225.00
HappyLight	10,000 LUX at 10-12 in.	\$210.00
HappyLight Mini	6,000 LUX at 10-12 in.	\$110.00
SunRise Dawn Simulator / Alarm Clock	300 LUX at 18 in.	\$155.00

STEP

3

Confirm the order, shipping & payment method.

I hereby confirm that the above order is accurate and complete to the best of my knowledge. I understand that a **prescription and letter of medical necessity** must accompany all orders that are being processed to insurance for payment.

Signature (Required) _____ Date _____

Select a Shipping Method: Standard UPS Delivery (Free) _____ 2nd Day Air (\$30) _____

Payment Method: Please verify my insurance benefits & then contact me _____ Personal Check _____

Mastercard _____ Visa _____ Discover _____ American Express _____ Expiration Date _____

Acct# _____ 3 Digit V Code (on back of card) _____