Prescription (Rx) New or Renewal

Prescription (Rx); a written document or order signed by a Licensed Medical Health Care Practitioner *(Physician / Doctor)* in your US State or Country for International Centers. We will mail you one reminder notice, usually 3 to 4 weeks before the expiration date. Should prescription expire, and is not renewed within 30 days of expiration, you are placed into an Inactive Status. We encourage you to promptly renew your prescription!

Inactive Status; means when you do not renew your Rx, We will no longer provide information on specials or Device updates and will only provide very limited Technical Support should you have a problem with your LIBBE Device. Additionally, any Parts needed will be at Retail Prices, instead of the LIBBE Family Wholesale Prices.

Optional Colonic Network:
An Annual Web site Listing for Advertisement on www.colonic.net with over 400,000 inquiries each month. Listing provides Worldwide clients a source to find you!

Optional Web Site Listing ..... $100.00 *(US Funds)* with Name, Address/Business/Phone
Optional eMail Listing ..... $100.00 *(US Funds)* which adds your business eMail address

ATTACHED: Rx Sample, Network Application, Credit Card Authorization.
Completed Forms may be faxed to place a prompt order - **Fax:** 210 349-5679
Then make yourself a copy and Please **Mail the originals to us**.

Purchasers of Previously owned LIBBE Devices Requirements:
The "Contract of Sale", Rx and Device Training must be in our file before ordering.
We will happily mail or eMail these to you upon request. eMail: info@colonic.net

PLEASE; For every Therapists Future, Lets all strive to keep Colon Hydrotherapy Legal, Safe and without controversy - Only Device Trained Therapists should operate/use the Device and Should Always Use Safe and Properly Labeled Manufacturers Supplies!

US - FDA, Health Canada, Australia, Asia, Mexico and other International Regulatory Agencies have approved and licensed; The LIBBE Device, The LIBBE Rectal Tubes / Nozzles as Prescription Medical Devices. Manufacturers and/or Distributors must have valid prescriptions on file which are reviewed annually during FDA and/or International Medical Device Licensing Agency Audits.
US and International Licenses; require biocompatibility, toxicology, temperature rating, safety testing, record keeping of strict distribution documentation, Quality Controls, Complaints, Audits and our own internal annual inspections to review our "Good Manufacturing Practices", "Standards of Safety" and "Quality Standards".
Tiller MIND BODY, Inc. Has met or exceeded all required Safe Standards since 1994!

Questions: Phone 210 308-8888

PRESCRIPTION (RX) FORM *(MUST Be Renewed Annually!)*

For: FDA Colonic Irrigation Device and/or Colonic Nozzles as Needed.

PLEASE PRINT

Colonic Facility Business Name; _____

Business Address: _____ Phone _____

City_____ State _____ Zip _____

Facility Owned by: _____

Facility Therapist Name: _____

Facility Email Address: *(so we can contact if needed:)* _____

Colonic Irrigation Device(s):

Device Manufactured By:_____ Name of Device _____

First Device Serial #_____ Additional Device Serial #_____

Below Must be Completed by a Licensed Physician or Medical Practitioner that is Licensed in the STATE or COUNTRY That You are Located In!

PRACTITIONER MAY CHOOSE TO WRITE ON OWN PREPRINTED PRESCRIPTION PAD.

PRINT

Licensed Practitioner: _____

Address_____

City _____

State _____ Zip_____

Country_____

Off Phone _____ Cell _____

PRN_____ *or Refill: #Boxes _____* *(Order Expires 12 Months from below date)*

PLEASE PRINT
Licensed Medical Practitioner
Name, Address, Phone, Type etc:

Signed: Date: ___/____/20___

X _____ TYPE_____ State Lic.#_____

Licensed Medical Practitioner Signature *(MD DC ND)* State/Province _____

Country if not US _____

Manufactured By:
Tiller MIND BODY Inc.
10911 West Avenue San Antonio, Texas 78213
210 308-8888 Fax 210 349-5679
www.colonic.net Worldwide since 1995

FDA U.S. Food and Drug Administration
Class II Medical Device - Since 1995
Quality System FDA 21 CFR Part 820

CE 0459 ISO 13485: 2003

Authorized Representative for EU:

United States
Australia
Health Canada
European Union
Others

EC REP

EN 980:2008

Emergo Europe
Malentsraat 15
2513 BH, The Hague
The Netherlands

Rx Required for Device/Nozzle Purchase

colonic.net

ADVERTISEMENT / LISTING FOR OPEN FDA Class II. DEVICES

PRINT Name/Therapist_____ Business _____

Business Address_____ City_____ State_____ Zip_____

Business Phone Number _____ Province _____ Country_____

Note: For International Listings, Please provide complete dialing info from USA (ie:011).

I-ACT Member ___ Level I.___ Level II.___ Level III.___ Instructor____ ***(Send Copy of Certificates)***

*Open FDA **Class II.** Device Name;* _____ ***Serial #***_____ ***(Required)***

ANNUAL WEB SITE LISTING ADVERTISEMENT: Does Not Include E-mail Option!

Advertisement on Colonic Network Web Site for Twelve (12) Months with Current Prescription!

One Therapist Name per Listing - All Therapists Advertised Must be listed on the Current Prescription.

_____ **$100.00 Fee - Primary Therapist Name,** Business Name, Address and Business Phone

_____ **$ 50.00 Fee - Additional Therapist Listing - Same Location and Business Phone**

_____ **$ 50.00 Fee - Additional Therapist Listing - Same Location and Business Phone**

Additional Therapists; _____, _____

Send Copy of Certificates! *(NOTE: Listing cancelled / removed from web when Rx Expires.)*

OPTION: ALLOW CLIENTS TO EMAIL YOU - Link to your Web site not available!

_____$100.00 FEE PER EMAIL EMAIL _____

$100.00 Primary **+** #____ Additional @ $ 50.00 **=** $_____ **+** #____ E-mail @ $100.00 **=** **$**_____

Total Amount $_____ Check #_____ VISA ___ Master Card ____

Card Number_____ Exp.___/____ 3 digit Security (_____)

PRINT Name of Card Holder _____

Signature of Card Holder **X**_____

Initial

_____ **I/we use an FDA Registered Open *Class II*. Device - Device Name and Serial # is shown above.**

_____ **I/we only use FDA approved nozzles, flexible tubing and disinfectants per my device manufacturer.** (I/we am aware that use of non-approved Nozzles is against US Federal and International Regulatory Laws and makes my Device considered Adulterated, Illegal and I am subject to fines and lawsuits!)

_____ **I/we will always stay in my "Scope of Practice" and follow my Device Manufacturers Guidance.**

_____ **I/we have never been accused or convicted of a sexual related type felony or misdemeanor.**

It is my/our responsibility to provide notice of any changes to my Network listing in writing.

Should any of this information prove to be false - I/we will immediately be removed with no refund!

I have read and initialed, my signature below certifies that this information is true and accurate!

Owner Signature X _____ **Date _____/_____/ 20____**

Complete and Sign or Listing will be delayed. We reserve the right to refuse service to anyone!

Colonic.net; 10911 West Avenue • San Antonio, Texas 78213 • Phone 210 308-8888 Fax 210 349-5679

CREDIT CARD AUTHORIZATION - Information of the card holder

Name _____

Address_____ PRINT

City_____

State/Province _____ Zip/Postal Code_____

USA ___ Or Country_____

Phone;_____ eMail:_____

Colonic Supplies Inv. # _____ $_____
Shipping & Handling Costs *(when known)* ***$_____***

TOTAL AMOUNT ON CARD $_____

Master Card _____ or VISA Card _____ ONLY!

NOTIFY CREDIT CARD Company - TO LET THEM KNOW A CHARGE WILL BE MADE!

NAME ON YOUR CARD STATEMENT for CHARGE WILL BE; "COLONIC.NET"

Card #_____ Exp:_____ Security# (_____)
Last 3 numbers on back of card

X Signature_____

Please Be sure Photo copy of Credit Card can be read BEFORE you fax to us.

BE SURE PHOTO OF CARD CAN BE READ!

Photo of FRONT Credit Card

Photo of BACK Credit Card

Fax: 210 349-5679 eMail: info@colonic.net Questions: 210 308-8888