

**To Renew or start a New your Account -
Please return the following;**

**Account Application Form
Copies of all Trained Therapists Certificates
Completed Prescription (YES, RX Required WorldWide!)
Credit Card Authorization Form (may be sent after Order is placed)**

scan / email: info@colonic.net Fax: 210 349-5679

**NOTE: Supply Order Form will be sent - After paperwork returned
With Prescription provided - Supplies / Parts are at
Discounted - LIBBE Family Prices -
Without Prescription Parts are at - RETAIL!**

**WE ACCEPT MASTER CARD OR VISA
FOR REPLACEMENT OF SUPPLIES ONLY**

**COMPLETE ATTACHED CARD AUTHORIZATION FORM
OR**

FOR LARGE ORDERS (Pallets) OF SUPPLIES

Best we Email you with Bank Wire Account Information

NEED MORE CLIENTS?

ORDER THE REQUIRED MAINTENANCE SUPPLIES

And WE WILL LIST YOU ON WEBSITE FOR FREE!

(YES, Requires current Prescription)

Free Listing - requires purchase of ALL Maintenance Items!

Thank you,

Questions Please call 210 308-8888

**Office Hours: Monday thru Friday 8:00 to 4:00 Texas Time
Closed Weekends - most Holidays**



10911 WEST AVENUE, SAN ANTONIO, TEXAS USA 78213
 OFFICE: 210 308-8888 FAX: 210 349-5679 EMAIL: INFO@COLONIC.NET

APPLICATION NEW/RENEWAL ACCOUNT

**PLEASE
PRINT!**

NOTE: Accounts are Listed under the Owner/Contact Name - Not the Business Name!

Owner / Person NAME: _____

Center Business Name: _____

ADDRESS: _____ APT / SUITE # _____

Do NOT use P.O. # - MUST have a Street Address for UPS Delivery of Supplies!

CITY _____ STATE _____ ZIP _____

Province _____ Township _____ Country _____

Business Phone: _____ Cell: _____ Fax _____

International Please provide Phone Number's with Country code - 011 +

Your E-mail: _____ Occupation/Title _____

Device Name: _____ Serial # _____ Serial # _____ Serial # _____

Trained Therapist Name: _____

Trained @ _____ School in _____ Date _____/20____

Are you I-ACT Member? ____ Certified @ Level _____ (Please attach copies of Certificates)

More than one Trained Therapist:

Trained Therapist Name: _____

Trained @ _____ School in _____ Date _____/20____

Are you I-ACT Member? ____ Certified @ Level _____ (Please attach copies of Certificates)

IF you or person that will be the Therapist and have not yet completed Training -
 What School and Dates are you/they planning on Attending?

How did you find us or who referred you? _____

Comments: _____

"U.S. Food and Drug Administration (FDA) Requirements"
FDA Colon Irrigation Systems, [Colonics] are Prescription Medical Devices and
Require a Prescription to Use, Operate or Purchase a Colon Hydrotherapy Device and or Supplies.
"The LIBBE" is a FDA Registered Medical Device for Colon Hydrotherapy. (since 1995)

***Prescription Must be Completed by a Licensed Medical Practitioner
that is Licensed in the STATE or COUNTRY where Medical Device is being used!
PRACTITIONER MAY CHOOSE TO WRITE ON OWN PRE-PRINTED PRESCRIPTION PAD.***



PRESCRIPTION FORM

Therapist/Owner Name: _____ Birth Date: _____
Address: _____
City _____ State _____ Zip _____
Email: _____ Phone: _____

Prescription for Use and/or Purchase of Colon Hydrotherapy Equipment and Supplies

Licensed Practitioner Name: _____
Address _____
City _____
State _____ Zip _____
Off Phone _____ email _____

PLEASE PRINT
Licensed Medical
Practitioner
Name, Address,
Lic.#, State, Phone

Signed: *(Order Expires 12 Months from date signed)* Date: ____/____/20____

X _____
Licensed Medical Practitioner Signature

TYPE _____
(MD DO DC ND) PRN

License # _____

State/Country _____

MAIL ORIGINAL COPY TO:

Tiller MIND BODY Inc. 10911 West Avenue, San Antonio, Texas 78213
210 308-8888 Fax 210 349-5679 Email: info@colonic.net www.colonic.net

Remember to place a copy of RX in your LIBBE Operations Notebook - will then be available to Inspectors

INTERNAL OFFICE USE:

Center Name: _____ Device Name _____
Address: _____ Phone _____ Serial # _____
City _____ State _____ Zip _____ # _____
Device Trained Therapist Name: _____ # _____
Device Trained Therapist Name: _____ # _____

(Copies of Therapists Training Certificates have been included OR are already on file)

Prescription New or Renewal - 2021

Preparation for visiting area Physicians to obtain your RX !

Remember - You are there to Educate and offer the Doctor a Business Opportunity!

PREPARE: Several Copies of the following to provide to Doctors as you visit them.

- **Center Brochure & Business Card**
- **Training and I-ACT Certificates,**
- **Malpractice Insurance (front page of policy only)** (Happy to Email Application for you to apply)
- **Health History / Intake Form with Contraindications** (I can Email Form)
- **Copy of the RX form...** (You Complete the Top of RX with your name, address, birth date)

(Note: you could place above items in a large envelope with a picture of your Center on the cover)

PLAN: Start with an area of about 3 miles - all around your Center.

You may want to visit ones farthest away from your Center first - just to practice.

Dress up - Look Business Professional

Go early morning (7:30 AM) - just like the Pharmaceutical Representatives,

Hand a Business Card to Receptionist and ask for 5 minutes of Doctors' time

*Also Great to visit special
Physicians during Holidays
Remember to take your
Brochures and Cookies
to say Thank You.*

What Doctors?: MD., DO., ND., DC., Any that are licensed in your State/Country to write Prescription.

(You could call in advance & ask about hours sales people can visit.)

How To APPROACH or TALK to Doctor:

My Center will be or is using "The LIBBE System" which is a FDA Registered Medical Device(s) for Colon Hydrotherapy and is used by Health Care Professionals in over 45 Countries.

Medical Devices require a Prescription to be used by Device Trained Therapists.

(Show the Physician your beautiful Center Brochure)

Just like an X-Ray or Mammogram Technician, I have completed Training including "hand-on" Internship and Yes, I have Mal-Practice Insurance.

(Show Physician your Training Certificate and Copy of Insurance)

My Colon Hydrotherapy Center may have Clients that have health concerns or other Contraindications from time to time and I would love to have an area Physician to refer them to.

Before providing them a session, I would like for them to consult with a Medical Professional.

(Show Health History Form - Review Contraindications)

REQUEST:

Doctor; I am here to offer you a Business Opportunity, -

Since we are located in the same area, I would like for your office to be a place I could refer our clients to, of which, will then develop new patients for you.

In return I am asking you to provide an annual RX for my Center.

(Provide copy of RX Form or Doctor may choose to write on Prescription pad.)

Even IF Doctor does not sign the RX -

YOU are educating the Doctor that YOU provide a Service for his/her Patients!

Ask Doctor if you may leave some of your Brochures with the Receptionist.

Discuss your Service with the Receptionist as you leave the Brochures

Do NOT stop with just one Doctor - Best to visit several or even ALL in your area and good idea to get several RX in event something happens to the "One" Doctor.

NEXT VISIT

RECEPTIONIST / OFFICE PERSON

YOU could have a Gift Certificate ready for Two Sessions and write their name on it.

Have a 60 day expiration date and non-transferable.

NURSES:

Find out Nurses name and do the same for him/her.

Even IF you do not get the signed RX give the free sessions anyway.

Complete to start new Account for Supply Orders.
CREDIT CARD AUTHORIZATION; Completed by the Credit Card Holder

Payment is for CENTER Owner: _____

Located: City _____ State/Other _____

Center Name _____

PRINT PLEASE

Credit Card Holder Name _____

Card Holder is related to Owner how? _____

Billing / Statement Address _____

City _____ State _____

Zip/Postal Code _____ Province _____

USA ___ Country _____ Email _____

Phone: _____ Cell: _____

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

Signature Authorizes Amount of \$ _____

X Cardholder Signature _____

Scan then Email: info@colonic.net

Fax 210 349-5679

Master Card _____ Or VISA Card _____ No Fee AM EX _____ Add 5% Fee

**Please Scan or take picture of Front & Back of Credit Card with
Card Holders Drivers License or Passport Before you Email!**

Photo of
FRONT
Credit Card

**BE SURE COPIES
CAN BE READ!**

Photo of
BACK
Credit Card

Card Authorization