

Patient Name:			DOB:	
Treatment Pla	n: 6 sessio	ns for \$245.0	0 (non-transferab	ole)
Treatment Pla	n for Senior	65 or Older:	6 sessions for \$2	200.00 (non-transferable)
	_		ves tissue repair (ski ces pain wherever the	n wounds, muscle, tendon, e beam is applied.
Payment Type:	□ CASH	□ VISA MasterCard	DEBIT/CREDIT CAP	RD:
Signature:				DATE: