



To whom it may concern –

The following addresses your request for information to share with your physician. Here are the minimum requirements for a Narrowband Ultraviolet B-band Light Phototherapy prescription to share with your physician.

Patient Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Patient Shipping Address:

\_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone : \_\_\_\_\_ (to coordinate delivery)

Patient Diagnosis: : Dermatological : Other \_\_\_\_\_

Present Prescriptions (if any) : \_\_\_\_\_

Prices are based on delivery within the continental US.

Daavlin 1 Series Modes (Please review the video links to select your preferred Mode).

\$1,825 1 Series (Timed Only Mode) <https://www.youtube.com/watch?v=Oiz5Z0fT8z4>

\$2,075 1 Series (Pre-loaded Guided Mode) <https://www.youtube.com/watch?v=TRzy4kO23Y8>

(Shipping is included in the continental US.)

If ordering in the Timed Only Mode configuration or another dosing regimen, the following additional information is required to be provided:

Dosing Prescription	Timed Mode	Guided Mode (*Preloaded Option)	
Timed or Guided Model (Check only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting Dose (mJ)			200*
Frequency of Treatments			Daily*
Dose Escalation Rate (%)			8%*
Total # of Treatments			90*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician License or NPI Number: \_\_\_\_\_



If you have any questions: Please send them via email to [orders@cytokind.net](mailto:orders@cytokind.net)

Note: NB-UVB phototherapy is presently only FDA-cleared for dermatology.