SHP

Quality Products - Quality People - Quality Life

Written Order

Phone: (800) 343-4950
Fax: (623) 581-8724
www.shpllc.net

CUSTOMER INFORMATION

Name of Applicant:	S.H.P. Customer#:
Business Name:	Date:
Address:	
City:	State: Zip:
Phone: Fax:	E-Mail Address:
Scope of Services:	
Professional Qualifications:	
Colon Hydrotherapy Training (Please list all):	
Years In Business: Malpractice Insurance: Yes: ☐ No: ☐	If Yes Insurance Company Name:
Colon Hydrotherapy Equipment (list all instruments on premises):	
Other Information:	

PRESCRIPTIVE PRODUCT REQUEST

Hydro-San Plus Device	☐	Other Accessories	☐
Disposable Speculums	☐	Oxygen Concentrator	☐

I certify that all the information on this form is true and correct and understand this prescription is **non-transferable**.

Signed: _____ Date: _____

OFFICIAL USE ONLY

Under my authority as a licensed healthcare provider, I grant written order for the purchase/sale of the products indicated above.

Practitioner's Signature:	**License No.:**	**Date:**
_____	_____	_____