



Wellness, etc.

Medical-Grade Biophotonics

National Tissue Rejuvenation Clinics
Founded in 2019
Performed over 200,000 Treatments



Therapy Referral

3505 E Flamingo Rd, Ste.3
Las Vegas, NV 89121
Office: 702.430.7390
help@wellnesetc.us

DATE OF ORDER [YYYY-MM-DD] _____ **STAT/Reason** _____

Patient Name _____ DOB [YYYY-MM-DD] _____

Address _____ City _____ St _____ Zip _____

Phone _____ E-mail _____

Medical History _____

Primary Insurance _____ Policy# _____ Authorization # _____

Other Insurance _____ Policy# _____ Authorization # _____

Treatment Frequency (circle): 1/wk 2/wk 3/wk 4/wk Number of treatment sessions (circle): 8 16 24 32

Contraindications/Precautions _____

Referring Physician _____ Phone _____

Office Contact _____ Title _____

Signature: _____ Date [YYYY-MM-DD]: _____

Condition/Treatment	Rejuvenation Goals	Special Therapy/Testing
<input type="checkbox"/> Evaluation Consultation	<input type="checkbox"/> Pain Reduction/Elimination	<input type="checkbox"/> Burn Therapy
<input type="checkbox"/> Post-Op Rehab	<input type="checkbox"/> Restore Function/Range of Motion	<input type="checkbox"/> Stem Cell Stimulation
<input type="checkbox"/> Sports Recovery Therapy	<input type="checkbox"/> Skin Tissue Rejuvenation	<input type="checkbox"/> Telomere Stabilization
<input type="checkbox"/> Performance Enhancement	<input type="checkbox"/> Deep Tissue Rejuvenation	<input type="checkbox"/> Micro-Circulation Therapy
<input type="checkbox"/> All Skin Conditions	<input type="checkbox"/> Rejuvenate/Regenerate Nerves	<input type="checkbox"/> Mitochondria Therapy
<input type="checkbox"/> Hand/Wrist Tissue Issues	<input type="checkbox"/> Improve Lymphatic Function	<input type="checkbox"/> Immune System Stimulation
<input type="checkbox"/> Trigger Finger	<input type="checkbox"/> Fat Loss via Lipolysis	<input type="checkbox"/> Chronic Wound Therapy
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Eliminate Internal Lesions	<input type="checkbox"/> Hormonal Rejuvenation Therapy
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Increase Strength & Endurance	<input type="checkbox"/> Respiratory Rejuvenation
<input type="checkbox"/> Fracture	<input type="checkbox"/> Eliminate Inflammation	<input type="checkbox"/> Vision Therapy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Increase Tissue Elasticity	<input type="checkbox"/> Tinnitus Therapy
<input type="checkbox"/> Foot/Ankle Tissue Issues	<input type="checkbox"/> Increase Muscle Density/Mass	<input type="checkbox"/> Intrinsic Cardiac System Therapy
<input type="checkbox"/> Plantar Fasciitis	<input type="checkbox"/> Increase Tendon Density/Mass	<input type="checkbox"/> Taste Rejuvenation
<input type="checkbox"/> Achilles Tendon	<input type="checkbox"/> Increase Ligament Density/Mass	<input type="checkbox"/> Scar Elimination
<input type="checkbox"/> Foot Neuropathy	<input type="checkbox"/> Increase Cartilage Density/Mass	<input type="checkbox"/> Postpartum Therapy
<input type="checkbox"/> Foot Sprain/Strain	<input type="checkbox"/> Eliminate Osteoporosis	<input type="checkbox"/> General Synaptic Rejuvenation
<input type="checkbox"/> Foot Fracture	<input type="checkbox"/> Eliminate Neuropathy	<input type="checkbox"/> Hydrogen Inhalation Therapy
<input type="checkbox"/> Hammertoes	<input type="checkbox"/> Increase Oxygen Loading	<input type="checkbox"/> BODPod BMI Test