

REBUILDER TREATMENT RECORD

Date	Day of the Week	Time of Day	Pain Level Before Treatment	Number of Minutes for Treatment	Pain Level after treatment

REMINDER: You must return to your doctor for reevaluation after 30 FULL days of use per Medicare guidelines.

Please sign and date below.

Name of Beneficiary / Patient

Date

Please make a copy of this completed form and mail it to us at ReBuilder Medical Technologies, Inc. at the address above.

Please take this completed form with you to your doctor for your thirty (30) day visit.