



NAME: *Last* *First*

REBUILDER® TREATMENT RECORD

Please mail a copy of this form to us at the end of your first 10 treatments. When we receive it, we (the manufacturer) will pay any remaining balance on your account.

Pain Level: On the form please record your discomfort before each session and **after** each session.

Using a scale of 1 – 10..... Number 1 meaning no discomfort and 10 meaning almost unbearable, please indicate your discomfort level before and after each treatment.

If you have any questions, please call our office and ask for the Nancy.

Please fill in the data for the first 10 times you use your ReBuilder and then mark the box for yes or no relative to improvement in

Date	Pain Level Before Treatment	Pain Level after treatment

I feel that the ReBuilder has improved the quality of my life Yes / No