

GO

Anywhere....
Anytime....



MedX Laser & Light

Safe,
Effective,
Drug-free treatment

FDA Cleared, Health Canada Licensed and CE Marked
ISO 13485: 2003 certified

Eliminate pain and accelerate healing up to 40% faster.

MedX Laser & Light FOR BETTER AND FASTER OUTCOMES

Conditions Treated with Phototherapy
based on the Research and Literature:

- ↻ Soft tissue injuries, ligaments, strains and sprains
- ↻ Bone fractures
- ↻ Muscle and tendon tears
- ↻ Swelling
- ↻ Acute and chronic pain conditions (*lower back and muscles, neuralgia, fibromyalgia or muscle tension/spasms*)
- ↻ Inflammatory conditions (*tendonitis, bursitis*)
- ↻ Plantar fasciitis, heel spurs, Achilles tendonitis



MedX Health Corp.

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220 Superior Boulevard
Mississauga, Ontario L5T 2L2 Canada



MedX Laser & Light

On the field . . . In the clinic . . . or at home!

Hands-Free or Attended Therapy

- ✓ Affordable, cost-effective treatment
- ✓ Proven fast results -over 5000 units sold
- ✓ MedX^{HOME} can be rented to patients to generate additional revenue stream

Sample Rental Agreement Form Put on Clinician Letterhead

Return: Clinician Stamp Date: _____

and _____

Name: _____
 Address: _____
 City/Province/State, Postal/Zip: _____
 Phone: _____
 SSN: _____

Equipment: MedX^{HOME} Phototherapy Treatment System

MedX^{HOME} Unit SN: _____
 SLD Cluster SN: _____
 AC Power Adapter SN: _____
 18" Flapstrap SN: _____
 MedX^{HOME} Quick Reference Sheet
 Carrying Case

Rental Term: _____
 Date of Return (Expiry): _____
 Rental Fee (per day): _____
 Refundable Deposit: _____
 Life Fee (per day, charged to credit card on file): _____

If unit is lost, damaged, or stolen, full amount will be paid to office listed above, minus the deposit received. A charge of _____ dollars will be billed to the credit card received on file, unless otherwise agreed to and arranged by this office.

Follow your treatment program as indicated by your clinician. For further questions, please contact our office.

I have been trained in the use of this device and understand all terms listed above. I have inspected the equipment and confirm it is in excellent condition.

Signed: _____ (Patient) _____ (Clinician)

MedX^{HOME} Phototherapy Treatment System returned _____ Date _____ In proper working order with all components listed above included.

_____ (Patient) _____ (Clinician)

MedX^{HOME} Home Rev. 1/10



MedX Users Professional Sports Teams

- ❖ NFL: NY Jets -Arizona Cardinals -Atlanta Falcons -Dallas Cowboys -Tennessee Titans -Tampa Bay Buccaneers
- ❖ College Football: Georgia Bulldogs, Southern Methodist University Mustangs
- ❖ MLB: Toronto Blue Jays -San Francisco Giants
- ❖ NBA: NY Knicks-Boston Celtics -Phoenix Suns
- ❖ Lacrosse: Toronto Rock
- ❖ NHL: San Jose Sharks -Toronto Maple Leafs

Leading Institutions and Teaching Facilities

- ❖ Scripps Clinic-Division of Integrative Medicine
- ❖ New York Chiropractic College
- ❖ Western States Chiropractic College
- ❖ University of Toronto
- ❖ Sheridan College
- ❖ Athletic Department
- ❖ College of Chiropodists of Ontario
- ❖ North West Chiropractic College
- ❖ Georgia Institute of Technology
- ❖ Canadian Memorial Chiropractic College
- ❖ Loma Linda University
- ❖ University of Guelph
- ❖ Ryerson University

