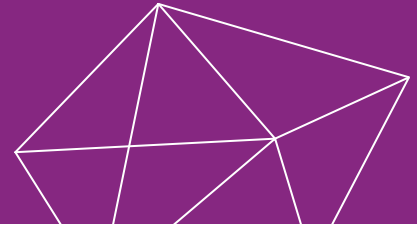


SHARPLIGHT™ WISHLIST



Name: _____

Phone: _____

Practice Name: _____

Address: _____

Email Address: _____

What services would you like to offer at your practice:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hair Removal | <input type="checkbox"/> Broken Capillaries Removal | <input type="checkbox"/> Age Spots/Sun Damage Treatment |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Vascular Lesions | <input type="checkbox"/> Skin Resurfacing |
| <input type="checkbox"/> Acne Treatment | <input type="checkbox"/> Pigmented Lesions | <input type="checkbox"/> Tattoo Removal |
| <input type="checkbox"/> Scar Reduction | <input type="checkbox"/> Stretch Marks Reduction | <input type="checkbox"/> Carbon Facial |
| <input type="checkbox"/> Rosacea Treatment | <input type="checkbox"/> Cellulite Reduction | <input type="checkbox"/> Spider Veins |
| <input type="checkbox"/> Body Skin Tightening | <input type="checkbox"/> Body Contouring | <input type="checkbox"/> Open Pores Contraction |
| <input type="checkbox"/> Facial Skin Tightening | <input type="checkbox"/> Facial Contouring | <input type="checkbox"/> Fat Reduction |

**The below section is to be completed by your SharpLight Sales Representative*

The ideal machine for you is:

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> OMNIMAX S4 | <input type="checkbox"/> RAPIDPEEL | <input type="checkbox"/> RAPIDVANISH |
| <input type="checkbox"/> OMNIMAX S3 | <input type="checkbox"/> RAPIDTIGHT | <input type="checkbox"/> RAPIDFIRM |
| <input type="checkbox"/> RAPIDDPC | <input type="checkbox"/> RAPIDCONTOUR | <input type="checkbox"/> RAPIDQS |

The ideal handpiece bundle for you includes:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hair Removal | <input type="checkbox"/> Vascular/Pigmented Lesions | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Vascular/Pigmented Lesions 2 | <input type="checkbox"/> ER:YAG 2940 Fractional Laser |
| <input type="checkbox"/> Radio Frequency Face | <input type="checkbox"/> VermaDerm Face | <input type="checkbox"/> ND:YAG 1064 Long Pulse Laser |
| <input type="checkbox"/> Radio Frequency Body | <input type="checkbox"/> VermaDerm Body | <input type="checkbox"/> QS ND:YAG 1064 + 532 Laser |

Additional Information: _____

Warranty: _____

Price: _____