

February Savings for You!

YES, I do want the personal benefits that QLaser therapy can provide ... AND to save up to 40% on my personal QLaser or QLaser system! Please process my request and immediately ship my QLaser to me!

Laser Package	QPack	Half System	Q1000	Q10
Includes	Q1000 660 Enhancer 808 Enhancer	Q1000 One (1) Enhancer Probe	Q1000 Only	Q10 Only
Your Best Choice For	Our full professional system, with tools for virtually EVERY health disorder	Use the Q1000 for soft-tissue and organ use, and one of the Enhancer probes for stimulation	The Q1000 is perfect for virtually every soft-tissue and organ problem	Perfect for management of minor soft-tissue pain and inflammation as well as skin conditions
The following purchase enhancements are included with each package				
<i>Laser Users Manual</i>	Yes	Yes	Yes	Yes
<i>QLaser Solutions Newsletter</i>	Yes	Yes	Yes	Yes
<i>Healing Light</i>	Yes	Yes	Yes	Yes PDF Copy
<i>Energy Transcendence</i>	Yes	Yes	Yes	Yes PDF Copy
<i>Universal Healer, Osteoarthritis</i>	Yes	Yes	Yes	Yes PDF Copy
<i>Healing Light DVD Seminar</i>	Yes	Yes	Loaned for 60 days	Loaned for 60 days
Q1000 Four Free Modes - \$1000	Yes	Yes	Yes	No
Starter DVD	Yes	Yes	Yes	Yes
Paid Training Allowance on UEP	\$600	\$450	\$300	\$150
New Fast Start Track	Track 1 & 2 & 3 - \$700	Track 1 & 2 \$500	Track 1 & 2 \$500	Track 1 \$250
Custom Carry Case	Yes	Yes	Yes	Yes
Free UPS Shipping North America	Yes	Yes	Yes	Yes
Unlimited Phone Support by CS	Yes	Yes	Yes	Yes
Earn 10% Referral Fees	Yes	Yes	Yes	Yes
Normal Package Price	\$10,585.00	\$8660.00	\$6290.00	\$2352.00
<i>Your February Savings</i>	Subtract \$3588!	Subtract \$3263!	Subtract \$2540!	Subtract \$945!
Your February Price Is Only	\$6997 USD	\$5397 USD	\$3750 USD	\$1407 USD
You Save	35%	35%	40%	40%
Please send me this package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name				
Billing Address				
Billing City, State, Zip				
Shipping Address (if diff)				
Shipping City, State Zip (if diff)				
Telephone			Email	
Method of Payment	<input type="checkbox"/> Visa		<input type="checkbox"/> Master Card	
	<input type="checkbox"/> Check		<input type="checkbox"/> Am. Express	
Payable to MediSCEN or David Finsterle-Gawain; your order will ship when your check clears				
Credit Card Number (please print neatly)				
Name on Card (if diff from above)			Exp Date	Sec Code
<p>I acknowledge that neither MediSCEN or David Finsterle-Gawain, nor any person associated there-with (Company) has made any medical treatment claims regarding the equipment I am buying. By ordering and accepting delivery of this equipment, I accept complete responsibility for the use of these devices and acknowledge they are completely under my personal control. I agree to hold Company and all representatives and/or associates thereof, whether business or individual, harmless for any lack of results or for any disorders, allergies, diseases, pain or any other malady alleged to be caused by my use of any low level laser product or SCENAR product sold by same. I agree that any dispute or claim arising out of any business transaction involving Company shall be resolved by binding arbitration in the State of South Dakota under the rules of the American Arbitration Association. I agree and acknowledge that any demand for arbitration must be made in writing within 90 days of the event giving rise to the demand, and that the arbitral award is final and binding on both parties.</p>				
Authorization Signature & Date				

Return to: MediSCEN or Soft Lasers and SCENAR Associates - Fax 760-495-9288; Phone 605-431-4002, Ext. 1; toll-free 1-866-647-6417, Ext. 1

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