

Cox[®] Technic Resource Center, Inc.

mailing address
429 East Dupont Road, PMB 98
Fort Wayne, IN 46825

phone 260-637-6609
toll-free: 800-441-L551 (5571)
fax: 260-637-7324
email: info@coxtechnicresourcecenter.com
website: www.CoxTechnicResourceCenter.com **www.CoxTRC.com**

ORDER FORM FOR THE NEW COMPUTERIZED REPORT OF FINDINGS By COMMVANTAGE for Cox[®] Technic

CommVantage Inc and CTRC have joined to make available the *most interactive, photorealistic and easy-to-use consultation and report-of-findings software* for chiropractors. CommVantage's Virtual Decompression[®] Cox[®] Technic is specially designed to present the conditions Cox[®] Technic flexion-distraction decompression adjusting manipulation addresses in *3D, high-tech interactive format*: cervical disc, lumbar disc, effect of decompression, stenosis, spondylolisthesis, and much more. The built-in video explaining Cox[®] Technic increases the level of compliance in patients. The built-in video depicting treatment answers patient questions about what to expect during the adjustment. The *customizable Report of Findings Handout* program allows you to specify the patient's diagnosis, to indicate the Cox[®] Technic flexion-distraction protocol that the doctor will follow, and to outline what the patient is expected to do at home along with the office visits to attain maximum improvement. See www.coxtrc.com for a preview sample of the software.

Please send me

_____ @ \$795

Virtual Consultation[™] (about chiropractic) with 1 "license" for use on 1 computer & 1 year support & 30 day customer money back guarantee of satisfaction

_____ @ \$95 each — additional licenses (1 for each additional computer the program is to be installed on)

_____ @ \$990

Virtual Decompression[™] (for COX[®] TECHNIC) with 1 "license" for use on 1 computer & 1 year support & 30 day customer money back guarantee of satisfaction

or _____ @ \$295 UPGRADE (the difference between Virtual Decompression (general edition) and Cox[®] Edition price

(Provide your current Virt Decompression license # _____.)

plus _____ @ \$125 each for each additional computer to be installed on — additional licenses

TOTAL: \$ _____

_____ Check (*made out to COMMVANTAGE*)

_____ MC or VISA or Am Exp (which will be debited by COMMVANTAGE)

_____ exp date: ____/____ VIN# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

