

Equipment Issuer: _____

Home Sleep Study and Equipment Loaner Agreement

Patient name: _____ DOB: _____
Phone: _____ Gender: _____
Date of Study: _____

I understand that a Resmed Apnealink Air Home Sleep Study device has been sent home with me for the purpose of conducting a Home Sleep Study. I have discussed this test with the clinical staff and I understand why it is being ordered and agree that it is necessary.

Although there will be no rental charge for the equipment, there will be a LATE FEE charge of \$25.00 for each day the equipment is not returned after the scheduled time.

I understand that I am personally liable for the return of the home sleep test equipment in a timely fashion and in proper working order. *If the device is not returned within 14 days of setup, there will be a charge of \$2,500 for the replacement of the device.*

I certify that I was given instructions on how to use the Home Sleep Test device.

Date Out/ Received by Patient: _____

Expected Return Date (prior to close of facility): _____

By signing below, I understand and fully agree with these terms and conditions.

Patient Signature: _____

Date: _____