



At **Tri County Heart Institute**, we are always striving to improve our patient's health by staying current in both our techniques and diagnostic equipment. Recently we purchased a new technology that will allow you, the patient, to have your sleep studied in the comfort of your own home. Many of our patients were uncomfortable with the cost and process of outpatient sleep laboratories and we are excited to bring this new, easy to use and economical solution to our patients.

While the monitoring device is in my possession, I agree to exercise care in its use and handling, and return it within the promised time frame in working condition. I understand that delays in its return causes problems for other patients who need this service.

FINANCIAL RESPONSIBILITY

I understand that if the device is lost, stolen or damaged while in my possession, I am responsible to pay **Tri County Heart Institute** for the replacement of this device. The charge for replacing the Home Sleep Test is \$1500.00

I am checking this device out on _____(date) and I agree to return it on _____(date) (before 11am) at the conclusion of my sleep test so that other patients may have the same opportunity to be tested as I did.

Patient Name _____

Patient Signature _____

Date _____

Technician _____