

AMBULATORY EEG RECORDINGS, LLC

RETURN OF EQUIPMENT

I understand that the equipment provided today belongs to Ambulatory EEG Recordings (AER). It is my understanding that I am required to return/ship the equipment at the agreed upon time, so as to not inconvenience patients that are already scheduled to use this equipment for their EEG test.

PLEASE NOTE:

It is the patient's responsibility to tape and secure package for UPS shipment.

Failure to return/ship the equipment at the agreed upon time could result in my responsibility for additional shipping charges and any loss of revenue from patients of AER who were inconvenienced and not tested. Inappropriate use of the equipment which damages it or loss of the equipment could result in my financial responsibility.

I agree to:

_____ Return the equipment to **AER's Office** on _____ at _____ AM/PM

_____ Return the equipment to the **Doctor's Office** on _____ at _____ AM/PM

_____ Drop the equipment off at a **UPS store** on _____ at _____ AM/PM

_____ Be at **my Home** for a Shipper pick-up on _____ at _____ AM/PM

_____ Be at **my Office** for a shipper pick-up on _____ at _____ AM/PM

EEG Unit # _____

Video Unit # _____

Patient Signature

Date

Technologist Signature

Date