Self-measured blood pressure monitoring

Loaner program agreement

FOR OFFICE STAFF

Lender information

_____

Organization name

_____

Address

_____

Phone number

Equipment information

_____

Device manufacturer and model

_____

Device ID

Supplies (check all that apply):

- ☐ BP cuff (variable size)
- ☐ BP cuff (XL)
- ☐ Carrying case
- ☐ Batteries _____
- ☐ Power cord
- ☐ Other _____

Patient information

_____

Name

_____

Patient ID

_____

Preferred contact information (phone or email)

Return by: _____/_____/_____
Month Day Year

☐ I agree to participate in the self-measured blood pressure device loaner program and follow the guidelines given to me.

☐ I agree to return this device in good working condition on or before its due date.

_____ _____

Patient signature **Date**