

Loaner device agreement

Self-measured blood pressure monitoring

FOR OFFICE STAFF

Lender information

Organization name

Address

Phone number

Patient information

Name

Patient ID

Preferred contact information (phone or email)

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 _____

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