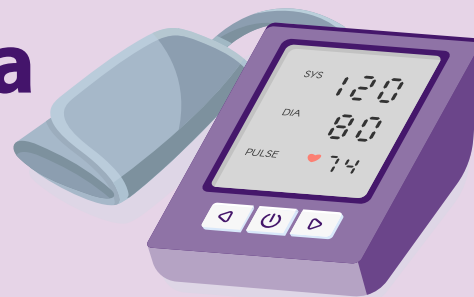


Agreement to borrow a blood pressure device



This is an agreement to borrow and return a device to measure your own blood pressure.

For office staff

Lender information

Organization name

Address

Phone number

Device information

Device manufacturer and model

Device ID

Supplies: (check all that apply)

- Blood pressure cuff (variable size)
- Carrying case
- Power cord
- Batteries
- Other

Patient information

Name

Patient ID

Contact information: (phone or email)

Return by:

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Month

Day

Year

I agree to borrow a blood pressure device and follow the instructions given to me.

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

Name

Date