Printed name: _____



24hr HOLTER MONITOR/ BLOOD PRESSURE MONITOR **EQUIPMENT LOAN AGREEMENT**

between Interior Cardiac Services Inc. (the "Lender") and

Patient Name:			Date of Birth:	(the "Borrower") Date of Birth: Telephone:	
	nealth care provider ment (the "Equipmo		ations requiring the temporary	y loan of the following	
 Holter Monitor (No 			No:)	o:) Pressure Monitor (No:)	
□ Ambulatory Blood		od Pressure Monitor (No:_			
		Bedtime:	Wake up Time:		
from	Date:	to Date:	TIME:	(the "Return Time")	
		<u>PLEAS</u>	E READ CAREFULLY		
•	confiscated or stolen fro Lender, in the same con The Borrower is respons damage to the Equipme to water or chemicals. Failure to return the Eq of \$100 CAD per day for considered to have been Equipment (approximat documentation). The Borrower will be resonable from any and arising associated with a No refunds of any amounts.	om the time the Borrower assumedition in which it was received, or ible for the safekeeping of the Earl including, but not limited to, uipment to the Lender at a place are each of the first 5 days following lost and the Borrower shall be ely \$2500 CAD plus applicable to sponsible for any costs arising from indemnify, defend and hold hare all damages, losses, claims, can the loan of, or Borrower's use of ints payable under this agreement.	the designated by the Lender by the Returning the Return Time. If after 5 days the Equipole to Lender for and agrees to pay the axes, or such other amount as may be designed to the return of the Equipole the Lender, and so actions, expenses and liabilities of the Equipole the Lender, the Equipole the Lender, axes of actions, expenses and liabilities of the Equipole the Lender.	the Lender at a place designated by the all reasonable efforts to avoid physical he Equipment or exposing the Equipment arn Time above will result in a late charguipment is still not returned, it will be be Lender the full replacement cost of the etermined by Lender, with supporting its directors, officers, partners and of any nature whatsoever or howsoever	
Patient Signature:					
			Printed name:		
Date:			Date:		
If the	Borrower is under	the age of maiority (19	years in British Columbia):		
=	as legal guar	dian of Borrower			

Printed name: Date: _____