EQUIPMENT ACKNOWLEDGEMENT FORM

- Your doctor wants you to use an event recorder to check your heart rhythm and symptoms.
- The Arrhythmia Monitoring Laboratory will loan you an event recorder for 30 days.
- You may need to use the recorder for more than 30 days. If so, we will bill your insurance company every 30 days until you finish using it.
- We will teach you how to use the recorder. Please carefully follow the instructions.
- The recorder is expensive to replace. Please be careful not to damage it.

You must return the recorder on:

Date

How Do I Return My Recorder?

Please return the recorder in the packing envelope that came with it.

If you got the recorder at Cleveland Clinic Main Campus, return it to:

Cleveland Clinic Arrhythmia Monitoring Laboratory, Desk J2-2 9500 Euclid Avenue, Cleveland, Ohio, 44195

If you got the recorder at a Cleveland Clinic Regional location, return it to the same location.

Arrange a UPS pick-up: Call 800.377.4877

Questions about the return policy or need help returning the recorder? Call the Arrhythmia Monitoring Laboratory:

216.444.5001 or 800.223.2273, ext. 45001.

How Do I Send a Transmission? Baseline transmissions or any other routine rhythm check, call: 216.444.5062 or 800.603.7169 Monday through Friday, 8:30 a.m. to 5:00 p.m.

URGENT calls only after 5:00 p.m. and on weekends and holidays

If you have a medical emergency, call 911 or have someone drive you to your local hospital emergency department right away.

NOTES



9500 Euclid Avenue, Cleveland, Ohio 44195 clevelandclinic.org/heart

This information is not intended to replace the medical advice of your doctor or healthcare provider. Please consult your healthcare provider for advice about a specific medical condition.



EQUIPMENT RETURN AND FINANCIAL RESPONSIBILITY FORM

If you received your recrder by mail, please complete this form and return it to:

Cleveland Clinic Arrhythmia Monitoring Laboratory, J2-2 9500 Euclid Avenue, Cleveland, Ohio, 44195

Your signature below acknowledges that:

1. You accept the responsibility to return the event recorder, undamaged and in its original working condition, by:

Date:

2. You clearly understand that if you fail to return the event recorder, you will be responsible for the cost of a replacement.

Name (print clearly):

Cleveland Clinic ID#:_____

Signature:_____

Date:_____