
EQUIPMENT RETURN AND FINANCIAL RESPONSIBILITY FORM

Your signature below acknowledges that:

1. You received:

Cardiac Event Monitor Pouch Lanyard

2. You accept the responsibility to return the monitor and all other equipment, undamaged and in its original working condition, immediately after the 24-hour or 48-hour recording period is complete.

3. You clearly understand that if you do not return the monitor recorder and all other equipment, you will be responsible for the cost of all missing equipment.

Signature _____ Date _____

Name (Printed): _____

Cleveland Clinic/MRN # _____