



Bravo Receiver Equipment- Patient Agreement Form

Return Receiver To:
MDTEC Front Desk (Open 7am until 4:30pm)
621 Ridgely Ave Suite #101
Annapolis MD 21401
Call if Questions: 410-224-4887

Patient is responsible to return the Bravo Receiver on time.

Patients receiving Bravo Capsule Ph Monitoring Test must return the receiver by the date and time indicated below: *(date of return is determined by length of study- usually 3 to 6 days post procedure)*

Date: _____ **Time:** _____

Other patients are in need of this equipment and the prompt return will ensure availability to the next patient. The patient will be responsible for any damage that occurs to the equipment while in your possession.

There will be a \$200 charge for those patients who do not return the equipment on time.

Damage / Replacement:

There will be a \$6500 charge for any damage or replacement of to the Bravo Ph Receiver.

I have read the above and agree to the terms.

Patient Signature

Date

Witness Signature

Date

Patient label