

24 Hour ECG Equipment Loan Form for Broomwell Holter

PATIENT NAME:.....NHS NUMBER

FITTING DATE:..... RETURN DATE:.....

HOME TEL:..... MOBILE TEL:.....

FITTED BY (SURGERY STAFF):.....

VERBAL CONSENT OBTAINED:(staff initials).

Chaperone declined Pt own chaperone Clinical chaperone.....

COMMENTS

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Loan of Equipment – Patient Disclaimer

I acknowledge that the 24 Hour ECG monitor received by me is the property of PICS/The Surgery and is supplied to me for the purpose of medical investigation.

I understand that failure to return the equipment in good condition or at all will render me liable to pay the cost of repair or replacement. I undertake to return the equipment at the time and date arranged where a signature must be obtained from a member of the department to indicate the return.

I also acknowledge that I have received information on what to do in the unlikely event of a skin reaction to the electrodes.

Name	
Telephone	

Signed on Loan _____ Patient (or Parent / Guardian)

DATE OF RETURN:..... SIGNED IN BY:.....