**Galleries Medical Practice**

**Appendix A – Loan Equipment Agreement Form**

**This agreement is made between the Practice and:**

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **Patient** **Address:** |  |

**Details of equipment to be loaned:**

|  |  |
| --- | --- |
| **Equipment Description:** |  |
| **Serial Number:** |  |
| **Next Service Due Details:** |  |
|
| **Loan Period:** | **From:** |  | **To:** |  |
| **Comments on Equipment Condition:** |  |

**Terms and Conditions of the Equipment Loan:**

1. The Practice will keep the equipment in good condition and repair and will test that it is fully working and in good order prior to issue.
2. The equipment is only to be used by the patient named above
3. The Practice will instruct the patient on the correct use of the equipment, however it is not responsible for failure to use the equipment correctly once it has left the premises.
4. The patient agrees in the event of the equipment developing a fault, it is reported immediately to the Practice. The Practice will arrange for the replacement of the equipment.
5. The patient will not modify or attempt to modify the equipment or use it in any other way inconsistent with its purpose
6. The equipment is supplied for the maximum loan period detailed above and is due to be returned on or before the date specified.
7. The loan period may be extended only by the written agreement of the Practice in the form of a new agreement covering the revised additional period
8. The Practice is responsible for the return of the equipment by the due date specified.
9. In the event that the patient does not comply with the above, the Practice reserves the right to commence legal action to cover the equipment or its equivalent cost.

**I can confirm that I have explained to the patient how to use this equipment, the terms and conditions of the loan and issued it on a loan basis**

Signed (Staff Member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I accept this equipment in good condition and agree I will return it by the date given above and in the same condition:**

Signed (Patient): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN DETAILS**

|  |  |
| --- | --- |
| **Date Returned:** |  |
| **Equipment Condition:** |
| **Comments:** |

Signed (Staff Member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_