

Home Sleep Test Liability Form

Patients name: _____

Study Date: _____

Equipment Due: _____ @ _____

I, _____ accept responsibility for the sleep monitoring device while it is in my possession. I understand that if I fail to return the device or I return it damaged, I am responsible for the full replacement cost of \$6,000.00. Furthermore, I have been made aware of the due date and I understand that if I fail to return the equipment on or before the due date noted I may be responsible for the cost of one night's study for each day I am late.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Provided by:

