

The Metz Center For Sleep Apnea



James E. Metz, DDS
1271 East Broad Street
Columbus, Ohio 43205
614-252-4444 (ph)
614-252-6474 (fax)

www.TheMetzCenter.com



Rental Contract for Home Monitoring Equipment

Patient Name: _____

Rental Date: _____

Daytime Phone: _____

Return by Date: _____

Equipment:

Rental Cost:

Minolta 300i High Resolution Pulse Oximeter

\$150.00

Pulse Oximeter Serial Number: _____

*****Equipment should be returned immediately following completion of screening.*****

***** Failure to return equipment will result in a \$25.00 per day fee until equipment is received.*****

*****Insurance required when mailing via U.S. Mail or shipping via UPS / Fedex - \$1,000.00 Required*****

Terms:

I understand that it is my responsibility to return the home monitoring equipment the day after the final night of screening. Additional fees will be assessed at the rate of \$25.00 per day until equipment is returned.

I will return the home monitoring equipment to:

**The Metz Center
Dr. James E. Metz
1271 East Broad Street
Columbus, Ohio 43205**

The home monitoring equipment will be returned by: • Insured U.S. Mail • Insured Shipping • In Person

I understand the terms of the rental contract. I have received a copy and accept financial responsibility or liability for damages to any of the home monitoring equipment. This includes loss of equipment or failure to return in a timely manner.

Signature

Date

Witness

Date