

RENTAL CONDITION CHECKLIST

Patient Name: _____ Date: _____

Type of Equipment: _____ Serial Number: _____

Rental Start Date: _____ Rental End Date: _____

BK Representative: _____ BK Representative: _____

Check each item with the patient upon rental and return of any equipment. Please note any damages or problems on check-out and again on check-in.

Pick Up

Return

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Equipment is clean and free of dents/scratches
_____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Power Cords/Battery present and in good condition
_____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Brakes/Wheels in good working order
_____ | <input type="checkbox"/> |
| <input type="checkbox"/> | List accessories (ie w/c leg rests)
_____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Upholstery Condition
_____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Equipment is working properly
_____ | <input type="checkbox"/> |

- * Rental fee is the same for an entire month or part of a month unless previous arrangements have been made.
- * Failure to notify BritKare of any change of address for the equipment within 24 hours may result in the patient being charged FULL PURCHASE PRICE for the equipment.
- * The patient agrees to pay as instructed and return the rental equipment in good condition, normal wear and tear excepted at the end of the rental period.
- * The patient agrees to pay for the replacement cost of any equipment damaged, destroyed or lost while in their position.
- * The patient agrees not to modify the rental equipment without the prior written consent of BritKare.
- * The patient agrees not to allow the use of the rental equipment by anyone other than the patient.
- * The patient has received instruction sheet

Patient Signature: _____ Date: _____