

RENTAL AGREEMENT

PATIENT INFORMATION

Name: _____ Email: _____

Address: _____ Buzzer Code: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY) (for patient identification purposes only)

Prescribing Physician (If applicable): _____

Weekly rental fee	\$300.00/week + TAX (2-week minimum)	Rental Start Date	____ / ____ / ____ (DD/MM/YYYY)
Bilateral rental option	Bilateral \$300/one-time charge	Rental End Date	____ / ____ / ____ (DD/MM/YYYY)
# of weeks rented	_____ (2 - 8+ weeks)		
Total Rental charges	\$ _____ + TAX		

WRAP SELECTION

- | | |
|---|--|
| <p style="text-align: center;">Shoulder</p> <p><input type="radio"/> Left</p> <p><input type="radio"/> Right</p> <p style="text-align: center;">AND</p> <p><input type="radio"/> Medium</p> <p><input type="radio"/> Large</p> <p style="text-align: center;">Elbow</p> <p><input type="radio"/> Straight</p> <p><input type="radio"/> Flexed</p> | <p style="text-align: center;">Hip</p> <p><input type="radio"/> Left</p> <p><input type="radio"/> Right</p> <p style="text-align: center;">Knee</p> <p><input type="radio"/> Straight</p> <p style="text-align: center;">Ankle</p> <p><input type="radio"/> Large</p> <p><input type="radio"/> Extra-large</p> |
|---|--|
- CT Spine
- Back
- Half-boot
- Hand/Wrist

AUTHORIZATION AND NOTICE OF FINANCIAL RESPONSIBILITY

Any abuse or damage which incur repair fee(s) will be charged to the renter in accordance with this rental agreement. \$50/day late fee will be incurred post rental end date. If product is not returned within 5 business days and no notification of rental extension has been given, A one-time \$6000.00 will be charged to the credit card as detailed below.

PATIENT SIGNATURE, PERSONAL REPRESENTATIVE or RESPONSIBLE PARTY SIGNATURE


By signing below, I agree to the terms and fees set forth above and authorize to charge my credit card for the charges specified above as well as for the charges for subsequent services that may incur as detailed above.

GLOBAL POSITIONING SYSTEM ("GPS") ACKNOWLEDGMENT

I acknowledge that I have reviewed and understood the Heal Faster Canada ("Heal Faster") GPS Policy set out below. I further acknowledge that it is my sole responsibility to consult with Heal Faster if I have any questions concerning the contents of the GPS Policy.

As an individual assigned a rented recovery device ("rental unit"), I further understand and agree that:

1. My rental unit is equipped with a GPS for asset tracking and management purposes.
2. The GPS can identify the location of my rental unit at any given time and that this information is used solely for tracking the rental unit.
3. I authorize Heal Faster to use GPS capabilities for the purposes set out in the GPS policy, including to locate the rental unit.
4. The information gathered by a GPS can be used to recover the rental unit and in any court proceedings in connection thereto.


 Cardholder Name: _____
 Card No: _____
 Exp Date: ____ / ____ (MM/YY) CVV/CVC: _____

Patient Signature: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)