**HOLTER MONITOR CONSENT FORM**

I, (‘the patient’) confirm I will be responsible for the

loss, damage and safe return of the Holter Monitor collected by me from the SmartCare Diagnostics on

 (date).

I confirm I will return the Holter Monitor to SmartCare Diagnostics on the due date being:

 .

Should the Holter Monitor be lost or damaged by negligence on my part or otherwise I understand I will be responsible for the costs incurred for repair or replacement of same.

I understand the replacement cost is approximately $3250-00.

**SIGNED CONSENT**

Before proceeding with the test, we need your signed consent. Before signing the consent form, please feel free to ask any questions you have about the test.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and fully understood the above information regarding the test and equipment. I hereby consent to undergoing the holter monitor and accept that I am responsible for the safe return of the holter monitor as dated above. I accept full liability for the loss or damage of the holter monitor.

**Signature** of Patient/Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness by**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_