



## **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 Cardiac Care Associates on \_\_\_\_\_.

I confirm I will return the Holter Monitor to the practice on or before 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 \$3000-00.

Signed by the patient, the same having been read to him/her by the undersigned witness and who appeared to fully understand the same.

Dated this: \_\_\_\_\_ day of \_\_\_\_\_ 2012.

Signed: \_\_\_\_\_  
(Patient)

Witness: \_\_\_\_\_  
(Gold Coast Heart Centre staff member)