



EVENT MONITOR CONSENT FORM

I, _____ (name) _____ (date of birth),
confirm I will be responsible for the loss, damage and safe return of the Event Monitor
collected by me from Cardiac Care Associates on _____ **day**
_____.

I confirm I will return the Event Monitor to the Cardiac Care Associates on or before the due
date being _____ / _____.

Should the Event Monitor be lost or damaged, I understand I will be responsible for the
costs incurred for repair or replacement of same.

I understand the replacement cost is approximately \$5000.

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

Dated this _____ day of _____ 20__.

Signed: _____
(Patient)

Witnessed: _____
(Cardiac Care Associates Staff Member)