

# Medical Equipment Loan Agreement

**Date:** [Insert Date]

**Loan Agreement Number:** [Insert Number]

## Parties Involved

This Medical Equipment Loan Agreement ("Agreement") is made between:

**Lender:** [Insert Lender's Name]

Address: [Insert Lender's Address]

**Borrower:** [Insert Borrower's Name - Hospital Facility]

Address: [Insert Borrower's Address]

## Agreed Terms

1. **Loan Purpose:** The loaned equipment is to be used solely for [Insert Purpose].
2. **Equipment Description:** [Insert detailed description of the equipment being loaned].
3. **Loan Period:** The loan period is from [Start Date] to [End Date].
4. **Responsibilities:** The Borrower shall maintain the equipment in good condition and return it by the due date.
5. **Liability:** The Borrower assumes all risks associated with the equipment during the loan period.
6. **Governing Law:** This Agreement shall be governed by the laws of [Insert State/Country].

## Signatures

**Lender's Signature:** \_\_\_\_\_

**Borrower's Signature:** \_\_\_\_\_

By signing this Agreement, both parties agree to the terms outlined herein.

## Contact Information

If you have any questions regarding this Agreement, please contact:

[Insert Contact Information]