

Medical Equipment Loan Agreement

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Loan Agreement Number: [Insert Agreement Number]

1. Agreement Purpose

This agreement outlines the terms and conditions under which medical equipment is loaned to the patient for rehabilitation purposes.

2. Equipment Details

Equipment Description: [Insert Description of Equipment]

Serial Number: [Insert Serial Number]

3. Duration of Loan

The equipment is loaned for a period of [Insert Duration], commencing on [Insert Start Date] and ending on [Insert End Date].

4. Responsibilities of the Patient

- To ensure proper use and maintenance of the equipment.
- To report any damages or malfunctions immediately.
- To return the equipment in good condition upon termination of the loan.

5. Liability

The patient assumes all risks associated with the use of the equipment and agrees to indemnify the provider against any claims arising from its use.

6. Signatures

By signing below, both parties agree to the terms outlined in this agreement.

Patient Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

For any questions regarding this agreement, please contact [Insert Contact Information].