



REM DIAGNOSTICS

SPECIALISTS IN SLEEP

Sleep Diagnostic Equipment Responsibility Acknowledgement

Name: _____ Date: _____

I acknowledge receipt of sleep diagnostic equipment in the form of a ResMed ApneaLink Air device and will return the equipment in the condition received excluding disposable items.

I will return this equipment between 9AM and 12PM the day after my at home sleep study to:

REM Diagnostics, Inc.
1329 Broad Street, Suite C
San Luis Obispo, CA 93401
Ph: 805-785-0126

In the event of damage or loss, I agree to report the issue upon return of the device or within 48 hours of my at home sleep study. I acknowledge I may be responsible for repair or replacement of the damaged or missing parts up to one thousand five hundred dollars (\$1,500.00)

Equipment Check List

- ApneaLink Air Device
- Effort Sensor
- Belt
- Oximeter

Patient Signature

Date

Patient Print