

# X-RAY ASSOCIATES

www.xrayassociates.org

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## HOLTER MONITOR RESPONSIBILITY FORM

I agree to return the Holter Monitor # \_\_\_\_\_ on \_\_\_\_\_ at/by  
\_\_\_\_\_ o'clock as requested.

I am responsible to replace and/or repair the Holter Monitor unit should I lose or damage it while in my possession. The value of these recorders is approximately \$4,000.

As non returned Monitors may inconvenience others, I understand a \$50.00 late charge may be applied for Monitors returned 4 hours overdue.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient/Guardian Name Printed

\_\_\_\_\_  
Witness Name Printed

Belt:            Yes                            No

Date Returned: \_\_\_\_\_

Signature: \_\_\_\_\_