



Consumer Equipment Acceptance Form

This is an acceptance form indicating that you have received instruction from a representative of Medical Equipment Recycle & Reuse Program or your Medical Equipment Provider in the proper operation of the Equipment checked below:

Equipment:

Model:

Serial Number:

Other Notes:

Owner's Manual: When appropriate. Reviewed the manual and left a copy.

I understand that this equipment cannot be safely used in any manner other than that prescribed during the instruction process and/or in the instruction material provided.

I, the undersigned, agree to hold harmless and indemnify Medical Equipment Recycle Reuse, its officers, agents and employees, from and against any and all actions, suits, damages, expenses, liability or other proceedings caused by the use or misuse of the device(s) by anyone.

If there are any problems or questions while using this equipment, please call MERR at 605-271-5074 or 1-866-274-2594

Consumer Signature

Date

MERR or DME Representative Signature Date