Jamil S. Sulieman, M.D., Inc.
Pulmonary and Sleep Medicine

THE SLEEP LAB and OFFICE
Accredited by the American Academy of Sleep Medicine
46-001 Kamehameha Highway, Suite 314
Kaneohe, Hawaii 96744
TELEPHONE: (808) 234-0033
FAX (808) 234-0055

HONOLULU OFFICE
1029 Kapahulu Ave, Suite 603
Honolulu, Hawaii 96816

EQUIPMENT LOAN AGREEMENT

The following equipment is on loan to you from Jamil S. Sulieman, MD, Inc.:

☐ Handheld Pulse Oximeter with Finger Probe

☐ Portable /Home Sleep Diagnostic Device Unit # _____

☐ CPAP/BIPAP/Auto CPAP/BIPAP unit Serial # _____

☐ Transcend Auto / Transcend EZEX Serial # _____

☐ Sleep Profiler Serial# _____

Today's Date: ____/____/_____ Return Date: ____/____/_____

Date Returned: ____/____/_____ Received By: _____

Return equipment to:
Jamil S. Sulieman, MD, Inc.
46-001 Kamehameha Hwy, Suite 314
Kaneohe, HI 96744

If you are not able to return the equipment on the scheduled return date, contact our office at 234-**0033 (option 1) as soon as possible.**

- A **$75.00** late fee will be charged if the equipment is not returned on the return date.
- You will be charged for the FULL COST of the equipment if not returned within 3 business days of the scheduled return date.

I have read, understand, and agree, to the above conditions. I have been instructed on the use of the equipment specified above. I have had the opportunity to ask questions regarding its use and my questions have been answered.

_____ _____
Print Patient's Name Date of Birth

_____ _____
Patient's Signature Date Best Phone Number

_____
The Sleep Lab Representative Signature Date

Jamil S. Sulieman, M.D., Inc.
Pulmonary and Sleep Medicine

THE SLEEP LAB and OFFICE
Accredited by the American Academy of Sleep Medicine
46-001 Kamehameha Highway, Suite 314
Kaneohe, Hawaii 96744
TELEPHONE: (808) 234-0033
FAX (808) 234-0055

KAPAHULU OFFICE
1029 Kapahulu Ave., Suite 300
Honolulu, Hawaii 96816
TELEPHONE: (808)234-0033
FAX (808) 234-0055

I _____ hereby certify that I am the lawful user of the credit card below. I authorize and agree to allow Jamil S Sulieman, MD Inc. to charge my credit card for all services, supplies and fees for the loaned durable medical equipment, in the event that I do not return the equipment on the agreed upon date and in the same condition it was loaned to me. I understand and agree that I am financially responsible for all equipment, supplies and services delivered to me. If the unit is returned, and damages are noted, I agree to pay for the damages of the equipment.

I agree to hold harmless Jamil S. Sulieman MD Inc. their officers, owners, employees, agents and directors for any and all liability for but not limited to charge, security deposits, etc., that are not refundable, as a result of but not limited to, insurance non-coverage, loss of or stolen equipment, damaged equipment due to war, civil unrest, martial law, natural disaster, act or acts of terrorism, acts of God, once payment has been made to Jamil S. Sulieman, MD Inc.

I fully acknowledge that I am signing this credit card authorization outside the rules and regulations of credit card company because an imprint of my card and signature may not be possible to facilitate this transaction. I fully acknowledge that without this credit card security deposit authorization, the products, services and equipment I require will not be delivered. Any and all costs of collection, including reasonable attorney fee shall be paid by patient. Your credit card number/information must be on file for all transactions.

Signature _____ Date _____

Credit card: ☐ Visa ☐ MasterCard ☐ Discovery ☐ American Express (circle one)

Credit Card # _____ / Exp Date: _____

Auth # _____ (for **Visa, MC and Discover** on the back above the signature, last 3 numbers)

Auth # _____ (for **American Express** – front 4 digits above the card #)

Signature as it appears on the card _____ / Date _____

Jamil S. Sulieman, M.D., Inc.
Pulmonary and Sleep Medicine

THE SLEEP LAB and OFFICE
Accredited by the American Academy of Sleep Medicine
46-001 Kamehameha Highway, Suite 314
Kaneohe, Hawaii 96744
TELEPHONE: (808) 234-0033
FAX (808) 234-0055

KAPAHULU OFFICE
1029 Kapahulu Ave., Suite 300
Honolulu, Hawaii 96816
TELEPHONE: (808)234-0033
FAX (808) 234-0055

Home Sleep Apnea Test Set-up/Training Sheet

Patient: _____ Date: _____

Unit #: _____ Set-up Start: _____ Stop: _____ Total Time: _____

Objective: at the end of this session, the patient and/or key health care provider will be able to safely set-up the home sleep apnea testing unit by operating the equipment in accordance with the manufacturers guidelines and as prescribed by the physician.

☐ Comprehends reason for testing

☐ Demonstrates and understands how to set-up monitoring devices including respiratory effort belts, oximeter probe and nasal cannula and demonstrates and understands how to turn unit ON and OFF

☐ Understands need to document their activity during the night

☐ Understands NEVER to attempt to open unit battery case

☐ Informed of the instruction sheets and how to access our on-line video

☐ Patient has received instructions and demonstrated competency in the use of and care for equipment and has signed Consent for Treatment form

_____

Patient/Caregiver Signature Date

_____

The Sleep Lab Signature Date

Special Instructions: I understand that it is my responsibility to follow the instructions given to ensure the most accurate results of my home sleep apnea test. I understand that I will be charged an equipment repair fee of $75.00 if the equipment is not returned in the same condition as I received it. If the data collected shows inconclusive results due to my negligence or failure to use the equipment as instructed, I understand that I will be responsible for any out-of-pocket costs not covered by my insurance.

Patients Initials:_____ Provider Initials:_____

PATIENT LOG SHEET

Name: ____________ Date: ____________

Please use this log sheet to document events during the night such as:
Time you went to bed or time you used the bathroom during the night, times when you are awake, time you turned the unit OFF.

Time	Event / Comment

Youtube: Alice Night one