



Rental Agreement for the ArtAssist Device

This agreement is between Macdonald's Prescriptions (hereafter called MPL) and the Renter of the equipment named below (hereafter called Renter). I/We agree as follows (please print all information):

Renter's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ - _____

Credit Card # _____ Exp Date (Mon./YR) _____

Name on Credit Card: _____ CVC# _____

Billing Address (if different from above) _____

City: _____ Province: _____ Postal Code: _____

Type of ArtAssist® Rented: ___ Single Limb -OR- ___ Two Limbs (Bilateral)

Please (v) Check a Rental Plan:

() *Month-to-month Rental Plan*

Renter agrees to rent the ArtAssist Device (hereafter called ArtAssist or Device) from MPL using the credit card number described above at the rental rate of \$650 for the first month (\$750 for bilateral type) and \$480 for each month thereafter, in one month incremental payments, paid automatically in advance for each month, without prorating. The rental month starts on the date of delivery of the Device and continues to the same date of the following month. The Device must be picked up from Renter for immediate shipment to MPL by the last day of the rental month to avoid charges for the next month.

() *3-Month Rental Plan*

Renter agrees to rent the ArtAssist Device from MPL using the credit card account described above for \$1200 total, for three months rental, payable in advance. The rental period starts on the date of delivery of the Device and continues to the same date of the following third month. Renter may continue renting the Device for \$400 for each month thereafter, in one month incremental payments, paid automatically in advance for each month, without prorating. The Device must be picked up from Renter for shipment to MPL by the last day of the rental period to avoid charges for the next month.

The purchase price of the ArtAssist Device is \$4800.00 (\$4900.00 bilateral type). Renter may purchase the Device with 50% of all rental payments applied to the purchase price.

Renter agrees to notify MPL immediately at MPL's address, telephone or FAX number if the credit card number provided above becomes invalid, canceled or has insufficient credit limit for the next scheduled payment. Renter agrees to keep all packing materials and to use them to return the Device including tubing to MPL by using the courier way bill sent with the Device. Do not send back the compression cuff(s). To arrange for pick-up of the Device, Renter will telephone MPL at 604-872-5496 and will be further instructed on how to return the Device. Components that are missing or damaged will be charged to the Renter.

Renter agrees to contact his/her physician immediately upon noticing any changes in skin condition at or near the sites of the cuff set, including but not limited to any rash, redness, blisters, etc. Renter agrees to look at the sites carefully before and after each use of the Device and to follow all instructions supplied with the Device or as modified by Physician's prescription or instructions. Renter further agrees that the Device will not be used for any other person nor for any other purpose than as prescribed by the Physician. Renter also agrees to return the Device to MPL promptly after Physician orders discontinuation of its use.

Renter agrees to pay for all of MPL's collection fees, costs and charges in order to settle any outstanding charges of account with MPL, including costs of repossession for nonpayment of rent. Renter agrees to allow MPL to pick-up or repossess the Device at MPL's sole discretion.

Proper use of the Device is to be monitored by Renter and Physician, and not by MPL. If the Device seems to be ineffective or causing problems, Renter agrees to consult with Physician. Renter agrees to rely upon Renter's Physician, and not MPL, for all advice concerning use of the Device. MPL only provides the Device to Renters who agree to have active and continuous follow-up care by properly licensed Physicians. Renter will call MPL 604 872-5496 if device malfunction is suspected.

No guarantees are made by MPL as the effectiveness of the Device. Renter agrees to hold MPL harmless from any liability concerning the use or effectiveness of the Device and Renter agrees that MPL is not responsible for improper use or for misuse of the Device. Any disagreement concerning this Agreement shall be construed under the laws of the Province of British Columbia

NOTE: Macdonald's Prescriptions Ltd is NOT an Insurance provider. Renter understands that they must submit his or her own claim to their private insurance company and that MPL does not accept assignment. Renter agrees to pay for these items or services even if private insurance denies the claim. Renter agrees to be personally responsible for payment. Renter understands prior to rental or purchase, that MPL cannot submit a claim to private insurance companies on the Renter's behalf.

The signatures below signify that I/we have read and understand this agreement, and that I/we agree to be legally bound by it.

Renter's Signature

Date

For Macdonald's Prescriptions Ltd.

Date

Physician's Prescription

This is a prescription for ArtAssist® device, model AA-1000

Patient's Name

PHN#

Indication / Medically Necessity:

Disabling Claudication Tissue Loss Rest Pain Limb Salvage

Patient Instructions:

1. Apply to Both Legs Right Leg Left Leg.
2. Use one hour at a time (or _____ at a time).
3. Use three times per day (or _____ times a day).

Physician's Signature

Date

Tel. no.

Print Physician's Name

College I.D. #

Macdonald's Prescriptions Ltd., 746 W. Broadway, Vancouver, BC, V5Z 1G8

