Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Facility: _____

File: _____

Last name, first name: _____

Date of birth: _____ ☐ F ☐ M
yyyy-mm-dd

RAMQ no.: _____ Exp. _____
yyyy-mm

Mother's name: _____

AT-HOME PHOTOTHERAPY EQUIPMENT LOAN – *BILISOFT*

AGREEMENT / UNDERTAKING

1. The *Bilisoft* phototherapy system belongs to the above-mentioned hospital and is being loaned to me free of charge.
2. I agree to use it in the conventional way.
3. The *Bilisoft* phototherapy system must be returned once it is no longer needed.
4. If I lose, break, misuse, or abuse the *Bilisoft* phototherapy system, I will be responsible for the cost of replacing or repairing it.
5. **Photocopy of <u>valid</u> ID required** (health insurance card or driver's license).

I have read the terms of this agreement and undertake to comply with them.

Parent's signature: _____ Date: _____ yyyy/mm/dd

Witness: _____ Date: _____ yyyy/mm/dd

GBM number of device loaned: _____