

## Equipment Transaction Record

Transaction Type: <input type="checkbox"/> Return Receipt <input type="checkbox"/> Exchange Receipt	<b>1-800-800-4276</b>
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Request Date	Transaction Date	Territory#	Fitter#
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Customer (Last, First)			
Address		Apt#	
City	State	Zip	
Attention		Phone	
Account# or Social Security#		DOB	

**Return Certification:**

By signature below, I certify that the patient discontinued use of the equipment on:

**Exchange Certification:**

By signature below, I certify receipt of the equipment delivered as an exchange, and further certify this exchange of the equipment constitutes no change in any previous agreements.

Customer Signature	Date
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Company Rep Signature	Date
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Returned Equipment			
Item# or Description	Asset#	Item# or Description	Asset#

Exchanged – Delivered Equipment			
Item# or Description	Asset#	Item# or Description	Asset#