

**Loan of Digital Blood Pressure Monitor for Home Blood Pressure Monitoring (HBPM)**

<b>Clients Name:</b>
<b>Tel no:</b>
<b>Address:</b>
<b>Date:</b>
<b>Please indicate proof of identification provided:</b>
<b>Pharmacy :</b>

**Description of equipment borrowed and serial numbers**

\_\_\_\_\_

**Specified return date:** \_\_\_\_\_

**Declaration**

I agree to the safekeeping of the equipment detailed above and to return all items on the date specified.

Any loss or damage to the equipment may result in a claim for reimbursement or any reasonable costs incurred.

**Signed:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Authorising Signature (Pharmacy BP Champion):**  
\_\_\_\_\_

**Pharmacy / workplace use only**

I confirm that the above item(s) have been returned in a satisfactory condition.

**Name of staff member:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_