

Orientation Checklist

Patient Name _____ Date _____

Name of person receiving orientation _____

Physician _____

Equipment _____

Asset Number: _____ Serial Number: _____

The Company Representative has demonstrated, and the patient / caregiver has by return demonstration, shown that he/she understands the following:

_____ Proper use of equipment

_____ Proper adjust of equipment

_____ Representative has provided and the patient / caregiver understands the following:

_____ Telephone numbers to call for routine and emergency situations

_____ Patient's Bill of Rights

_____ Emergency Preparedness

_____ Advance Medical Directives

I have reviewed and understand the instructions and precautions above.

PATIENT, LEGAL, GUARDIAN OR CAREGIVER SIGNATURE

DATE