



Madawaska Valley

Hospice Palliative Care

Individual Compassionate Support at Every Step

7 St Francis Memorial Dr.
Box 129 Barry's Bay, ON K0J 1B0
Phone 613-756-3045 ext.350
Fax 613-756-0106
mvhospice@sfmhosp.com

Request for Medical Equipment Loan

Date: _____

I _____ request the loan of medical equipment from MVHPC for:

Name of person receiving medical equipment: _____

Equipment provided: _____

Date Equipment Out: _____ Date Returned: _____

If I or a family member chooses to borrow medical equipment that is for loan, I understand that MVHPC takes no responsibility for the use or condition of the equipment. Please check equipment prior to signing out for correct size or any defects. It is the responsibility of the individual/family to pick up and return all medical equipment to MVHPC.

_____ **Initials**

By signing this form I confirm that it has been explained to me in terms I understand and I can call MVHPC if I have concerns or questions about the services being provided.

Street and Mailing Address: _____

Telephone # : _____ Cell phone # : _____

I understand that this is a short term loan, 3-6 months, while I source my own equipment.

Client / Family Signature: _____

Witness: _____