# Oscar 2 ABPM Patient Care Agreement

This is an example patient care agreement provided by SunTech without warranty or guarantee. SunTech makes no guarantee of effectiveness and legal enforcement of this patient care agreement.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  |  |  |  |  |  |
| **Cell:** |  |  |  |  |  |  |
| **Address:** | **No. and Street** |  |  |  |  |  |
|  | **City** |  | **State** |  | **Zip** |  |

## About my procedure:

* I am being screened for hypertension (High Blood Pressure).
* I consent to the measurement of my blood pressure using an Oscar 2 ABPM.
* This allows 24-hour monitoring of my blood pressure to ensure an accurate diagnosis and an accurate assessment for accurate medication.

## My responsibilities

My responsibility is to look after the equipment loaned to me for this study.

* I agree to follow the instructions on using the Oscar 2 ABPM provided to me.
* I confirm that I will be responsible for the Oscar 2 ABPM for the period of monitoring.
* I will do everything in my power to protect the Oscar 2 ABPM from any damage, i.e. water, dropping etc.
* I will refrain from any activity that could damage the monitor, i.e. cycling strenuous exercise etc.
* I will not remove the monitor until I have finished the ABPM study unless it is unsafe to continue wearing the ABPM or under instruction from my clinician.
* I will return the Oscar 2 ABPM to the practice promptly following the end of the ABPM study.

**I have read this agreement and I understand it.**

Unless revoked, this agreement does not expire.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signed** |  |  |  | **Date** |  |  |