



# Padder Health Services, LLC

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11110 Medical Campus Road #223  
HAGERSTOWN, MD, 21742  
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Michael E. Carlos, MD

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Ernest K. Amegashie, MD, FACC

Charu Gandotra, MD

Megan McDevitt, PA-

Julie E. Cathor, PA-C

Kelsey Harman, MSN, NP-C

## Written Confirmation of Dispensing Order – Holter Monitor

### Patient Information :

Patient Name: \_\_\_\_\_ Patient DOB : \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Duration: \_\_\_\_\_

Device Serial #: \_\_\_\_\_ Start Date/Time: \_\_\_\_\_

I, \_\_\_\_\_ agree to return the Rhythm Star Event Monitor back to Padder

Health Services, LLC. The monitor will be returned no later than \_\_\_\_\_ by 4:30 pm

If the device is not returned by this date; I will be charged \$50.00 per day until it is returned. This fee will be required to be paid before any future visits at Padder Health Services, LLC. **If I do not return the holter monitor to office or return the holter monitor damaged, I will be charged a fee of \$2,400.00 for the cost of replacing the device.** This fee will also be required to be paid prior to any future visits at Padder Health Services.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Event/Holter Monitor In Office Checklist:

Holter monitor

Charger Port/Block

Box

Electrodes/Stickers

Bag

Deposit Taken



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## Written Confirmation of Dispensing Order – Event Monitor

### Patient Information :

Patient Name: \_\_\_\_\_ Patient DOB : \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Duration: \_\_\_\_\_

Device Serial #: \_\_\_\_\_ Start Date/Time: \_\_\_\_\_

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### Event/Holter Monitor In Office Checklist:

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Deposit Taken

Turn to Back →

**\*\*Deposit Information:\*\***



## Padder Health Services, LLC

A deposit of \$150 is required for the reservation of the above-mentioned device. This deposit **will be refunded in full upon the return of the device in its original condition.**

### **\*\*Refund Process:\*\***

1. The device must be returned within 1 days from the date of completion.
2. Inspection will be conducted to ensure the device is in its original condition.
3. Upon successful inspection, the \$150 deposit will be refunded to the original payment method.

### **\*\*Terms and Conditions:\*\***

1. The deposit is non-refundable if the device is not returned within the specified duration.
2. Any damages or missing components may result in a deduction from the refund amount.
3. The refund will be processed within 3 days after the successful inspection.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_