



Rental Date: _____ Through: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Amount: _____

Credit Card Information on file: Yes _____ No _____

All Hospital Beds are cleaned, tested, and ready to perform prior to rental date. If the rental Hospital Bed is defected during the lease time the renter is subject to pay for the repair or replacement depending on the amount of damage. The renter is responsible to call Hygeia Medical a week prior to the end of the agreement for any extension or their credit card will be charged automatically for another month (nonrefundable).

Manager's Signature:

Beneficiary's Signature:

