

# Ventilator Rental Form



- Complete This Form
- Email this form with PO to: [custserv@biomeddevices.com](mailto:custserv@biomeddevices.com)

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## Sender/Shipping information

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Name:

Facility Name:

Shipping Address:

City/State/Zip:

Phone:

Email:

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## Ventilator Type

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Equipment needing repair:

Serial Number:

Do you need an MRI conditional Model?

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## Billing Information

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Bill to Name:

Billing Address:

City,State, Zip:

1. Rental fee: \$505 (\$895 for the TV-100)
2. Ventilators to be serviced must be sent to Bio-Med Devices within 10 business days of receiving the rental. An additional rental fee of \$505/month will be charged for any delay in sending in the ventilator needing service.
3. Rentals must be returned within 10 business days of receiving the serviced ventilator(s).
4. A late fee of \$25 per day will be charged for any delay in returning the rented ventilator.