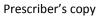




Loan agreement for TENS-apparatus

| Name:  | Civic I                          | Reg. No (personnummer):                              |
|--|----------------------------------|--|
| Date of prescription:  |                                  |  |
| treatment is finished, the instruction booklet and coprescription or to Hjälpm | ·                                | the charging unit, cables,<br>ne person issuing your |
| This means that if you do  | o not return the TENS-appa       | aratus with  |
| Individual No:   | before                           | you will be required to                              |
| pay the sum of SEK 1250  | :- incl. moms.                   |  |
| If you have any questions contact:   | s regarding the return or th     | e payment, you should                                |
| The prescriber:  | Telephone:                       |  |
| or Hjälpmedelscentrum, t   | telephone: 021-17 30 48.         |  |
| I have received and understar  | nd the loan conditions stated al | bove:  |
| Signature of the borrower or   | of the parent/guardian           |  |
| Place:   | Date:                            |  |
| Receipt for returned TEN   | • •                              |  |
| Signature:   | Date:                            |  |





Loan agreement for TENS-apparatus

| Name:   | Civi   | ic Reg No (personnummer):  |
|---|--|--|
| Date of prescription:   |  |  |
| A TENS-prescription is limited to treatment finished, the apparatuinstruction booklet and case mu prescription or to Hjälpmedelsce If you still need the apparatus af you must pay for it yourself. | us, together with st be returned to entrum, Signalistg | the charging unit, cables,<br>the person issuing your<br>atan 2 in Västerås. |
| This means that if you do not re  | eturn the TENS-ap                                      | pparatus with  |
| Individual No:  | before   | you will be required to  |
| pay the sum of SEK 1250:- incl. I   | moms.  |  |
| If you have any questions regard contact:   | ling the return or                                     | the payment, you should  |
| The prescriber:   | Telephone:   |  |
| or Hjälpmedelscentrum, telepho  | one: 021-17 30 48                                      | 3.   |
| I have received and understand the lo   | oan conditions stated                                  | d above:   |
| Signature of the borrower or of the pa  | arent/guardian   |  |
| Place:  | Date   | <u> </u>   |
| Receipt for returned TENS-appa  | n <b>ratus</b><br>Date                                 |  |
| DEUGLUE.  | 117416   | ₹.   |