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HOLTER / 24-HOUR BLOOD PRESSURE MONITOR AGREEMENT

Patient Name: _____ DOB: _____

You have been scheduled for a monitor to be applied on _____ at _____, and removed the following day _____ at _____.

Report to the Newton Office: 222 High Street, Suite 205, Newton, NJ 07860

You will be wearing the monitor for approximately 24 hours and may be instructed to keep a diary during that 24-hour period. It is best that you wear it as directed and return to the office to have it removed. In the event you cannot return it, it may be removed by you at home and returned to the same office by another person. The monitor must be returned on the day the test is completed.

The monitor is operated by battery power, and the recording must be processed within a time limit to preserve the recording, and to be able to provide you with timely results.

You will be able to follow your daily routine while wearing the monitor unless your doctor states otherwise.

On the day of the monitor application, you should shower in the morning, but **do not apply any powders or lotions to your chest area**. Once the monitor is applied, **you will not be able to shower**.

You should wear loose, comfortable clothing. Ladies, please a two-piece outfit (**do not wear a one-piece dress, full slip, one piece undergarment, or a long line bra**). A regular bra may be worn. You will not be required to remove any undergarments, but your top should be loose enough to be removed and work without interfering with the monitor.

Please realize that the monitor is an expensive piece of medical equipment.

By agreeing to wear the monitor, you agree to take the necessary precautions to see that the monitor does not become damaged by dropping, tampering or allowing it to be exposed to water or chemicals.

If damage occurs, you will be responsible for the cost of repair or replacement of the unit. The unit must be returned in its entirety, including the monitor, all components and the case/holster.

Failure to return the monitor will result in a charge of \$200 per day for the first 3 days. If the unit is not returned after 3 days, it will be considered missing, and you will be charged for the cost of replacement (\$2,000.00).

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____