

Examplelab Actigraph Study

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Secondary: _____

The actigraph is a tool to measure daily activity. The physician has ordered the device for you to wear for one to two weeks. It is important that you wear the device on the same limb at all times except when bathing. The device is very sensitive so wear it carefully that you do not get it wet. Please remove at anytime you feel it may be damaged. If the unit is damaged you will be billed \$X00.00.

The actigraph is not covered by your insurance. Therefore, you must pay a nominal fee of \$X0.00 per week. We will bill you for this fee. If you have a credit card you provide us with or you may pay cash. If you pay by check, please make your check payable to Examplelab.

Weight: _____ Sex: _____ DOB: _____ Age: _____ Race: _____

Limb: _____

Credit Card Number: _____

Exp: _____ Security Code: _____

By my signature below, I am giving my permission for Examplelab to charge my credit card for the use of the actigraph. I further agree to allow Examplelab to charge my credit card \$500.00 in the event that the unit is damaged or is not returned.

Signature: _____ Date: _____

Staff Comments: _____

