

Disclaimer of Liability x

I, , born in , on / / , residing at , Street/Square , house number , Tax Code/Social Security Number , hereby declare that I have received today an Electromyographic Holter device, model dia-BRUXO, from the healthcare facility

I declare that I have been informed about:



The purpose and method of use of the dia-BRUXO device.



Precautions to be taken during the use of the device.



The procedure for returning the device.



Liability in case of damage to or loss of the device.

I agree to:



Use the dia-BRUXO device according to the instructions provided by the healthcare staff.



Handle the device with care, avoiding impacts, falls, or exposure to heat or humidity.



Not tamper with or attempt to repair the device.



Return the device in the same condition it was received, by the agreed date and time.



Accurately fill out the activity diary.

I am aware that in case of damage to or loss of the device, I may be required to fully or partially compensate the healthcare facility for the cost of replacement or repair.

I authorize the healthcare facility to process the personal data collected by the dia-BRUXO System, in compliance with privacy regulations.

Date:

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Signature:

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Healthcare professional's Signature:

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