=FORWARD ENTERPRISES, LLC.

Client Information: Please read carefully, supply information & sign

Name:			
Bill to Address:			
			_
Ship to: (If differ	rent than above)		
Home Phone:	()		
Work Phone:	()		
e-mail address:			
	CPM Rental:	\$650.00 pe	r month
Credit	Card Information: Visa N	- MasterCard Americ	can Express Discover
o.can	(Circle One)	Appears on the Credit Card	2.000 to.
Г	C ₁	redit Card Number	
L		Expiration Date	
S	D ' 1)		D. C.
Cardholder Signature (I	Required):		Date:
dental Agreement			
or successive periods of one mor ack to Lessor as provided in instr f less than one month will be cha and that this Rental Agreement sh ecessary or upon Lessor's dema quipment to Lessor. Lessee agr ses great care to have all of its E	nth each, commencing from the date the Equipment. Lesse arged at the full monthly rate. Lessee underst hall in no way be construed as a purchase or saind made for failure to pay the monthly renta rees to make all payments directly to Lessor quipment in good order and repair, Lessor gives the monthly rentary that the same than the same all payments directly to Lessor gives the monthly rentary that the same all payments directly to Lessor gives the same all payments directly to Lessor gives the same are same and the same are same and the same are same and the same are same are same and the same are sa	pment is shipped to the address pro e agrees to pay Lessor as rent for the ands that all Equipment provided c le. Lessee shall return all rental eq l rate or other valid reason. Lesse and authorizes Lessor to charge a ves no warranties, express or impli	bed by his/her physician, above. The term of this lease shall be vided by Lessee above, through the date Equipment is shipped a Equipment the monthly rental rate(s) set forth above. Periods on a rental basis is, and shall remain, the property of the Lesson upper timmediately to Lessor when it is no longer medically se shall be responsible for all accruing rents until return of the all payments to the credit card noted below. Although Lesson ed, nor shall any warranties arise by operation of law, as to the
otify Lessor if it is not in good co	ondition; 2) use the Equipment in the manner	for which it was intended; 3) not a	ee agrees to: 1) inspect Equipment upon delivery and promptly ttempt to make any repairs of any nature or kind; and 4) notify
grees that Equipment shall be ret	turned to Lessor in the same appearance and co	ondition as when received, ordinary	t while in Lessee's possession, from any cause whatsoever and y wear and tear excepted. In the event Lessee fails to make any
me may be located, without any	y court order of further process of law and w	ithout liability for damages, occasi	Equipment (without terminating this Agreement) wherever the ioned by such tasking of possession, and Lessee agrees to pay
presents and warrants that (s)he	e: 1) is capable of reading and understanding w	written instructions; 2) will read and	ing attorney's fees and interest on amounts overdue. Lessee I follow the written instructions accompanying the Equipment
nd 3) WILL CALL Lessor's tolestructions or the use and mainten	,	before using the Equipment, or	thereafter, if (s)he has any questions concerning the writter
atient Signature (requ	uired):		Date:
lease print name			
- Table print name.			

Grove City, Ohio 43123 (800) 273-5233 Fax: (614) 871-9353

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Physician: please provide the following information for the patient. It is important to answer all of the questions for this equipment. Equipment pricing includes ground freight to the patient, return freight and technical support.

Patient Name:	Date:
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Phoenix Series CPM





Model 1850 Digital Display

Physician Name (Please Print):



Model 1800 Analog Controls

	Phoenix Series Knee CPM		
	Check One 1800 with Analog Controls 1850 with Digital Display and Controls		
	Range of Motion (ROM)		
	Starting: Extension Flexion		
	Ending: Extension Flexion or Advance ROM as tolerated		
	Total Hours of use per day		
	Disposable Patient Kit - Included	_	
	Diagnosis ICD-9		
Physician's Signature: Date			

_____ UPIN:____