



DAMAGE OF EQUIPMENT AGREEMENT

I, _____, understand that the exams rooms at MISSISSIPPI EAR, NOSE AND THROAT SURGICAL ASSOCIATES, P.C are stocked with surgical grade equipment. Equipment includes but is not limited to exam chairs, carts, scopes and microscopes.

I understand that neither I nor my child(ren) should touch or manipulate any equipment located in the exam rooms. I understand that by doing so, I am at risk of causing damage to aforementioned equipment.

I also understand that by damaging equipment owned by MISSISSIPPI EAR, NOSE AND THROAT SURGICAL ASSOCIATES, P.C., I could be held liable for repair or replacement costs.

PATIENT NAME: _____

PARENT or GUARDIAN: _____

SIGNATURE: _____

DATE: _____

CLINICAL STAFF WITNESS: _____

DATE: _____