



VADOpnex Vascular Impulse Technology Rental Agreement

Here within are the Terms & Conditions to the rental and usage of the VADOpnex device from OPED UK Ltd. Please ensure you read and understand the T&Cs before signing and beginning the rental process. OPED UK Ltd cannot be held liable should any of the T&Cs not be adhered to and harm is caused by misuse or usage without clinical authorisation.

- The VADOpnex is only to be used as directed by your medical professional.
- The VADOpnex **must** be authorised for use by your medical professional
- All contraindications for use must be carefully read. If you have had or are at risk of any of the conditions listed in the contraindications you **must not** use the VADOpnex.
- The VADOpnex must only be used in accordance with the manufacturer’s user instructions.
- The VADOpnex is supplied for the use of the person renting it only and shall not be used with any other third party without written permission of OPED UK Ltd.
- The VADOpnex is the sole responsibility of the person renting it for the duration of the rental period.
- The VADOpnex will be delivered with a manual, 2x tubing and 2x foot pads (1x left 1x right). The foot pads are to be disposed of prior to returning the VADOpnex. All other components and packaging must be returned as delivered.
- Additional foot pads can be ordered via our website at £20 per pair.
- Any costs associated with repair of the VADOpnex due to damage, (accidental or otherwise), during the period of its hire will be borne by the person renting the equipment.
- The VADOpnex must be returned within 7 days of the rental end date in correct working order. Failure to adhere to this timeframe will result in additional charges rated at one week’s rental for each 7 days since rental agreement expiry.
- OPED UK Ltd are covered by public and product liability insurance up to €15m.

I hereby agree to the above Conditions of Rental:			
Print Name:			
Signed		Date:	
Delivery Address:			
Telephone/Mobile:			
Email:			
Name and practicing address of Clinician permitting use of VADOpnex:			
I confirm that my condition is suitable for treatment with the VADOpnex device and I have none of the stated contraindications listed.			<input type="checkbox"/> Please Tick