

Bell Pharmacy ABPM Blood Pressure Service Disclaimer Form

Procedures:

I agree to:

- The 24-hour screening for Hypertension (High Blood Pressure). I consent to the measurement of my blood pressure . This allows for monitoring of my blood pressure to ensure an accurate diagnosis and assessment

Responsibility

- My responsibility is to look after the equipment loaned to me
- I commit to abiding by the instructions given to me
- I confirm that I will be responsible for the ABPM TM2430 for the period of monitoring.
- I will do everything in my power to protect the TM2430 from any damage, including water exposure and dropping. I will refrain from any activity that could damage the monitor, such as cycling.

Appointment Policy:

- **If I fail to attend my appointment, Bell Pharmacy will incur a £50 loss, which will be claimed from me.**
- I understand that I must provide a cancellation notice at least **48 hours** before the scheduled date.

Acknowledgment:

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions outlined in this disclaimer form.

Patient Name:

Patient Signature:

Date: