

 Hjälpmedel Dalarna Dalarnas kommuner & Landstinget Dalarna	Heading Loan Agreement - Aids		Reference number LD16/01946	
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	Expedited by Annelie Haglind, Linus Nielsen		Approved and determined by The Aids Board Dalarna	
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Lender/Prescriber
Borrower

Name:	Social securitynumber:
Occupation:	Name:
Employed by:	Address:
Address:	Zip code & City:
Zip code & City:	Phone (incl.area code):
Phone (incl. area code):	Prescribing unit customernumber:

Today I have borrowed the following aids

LDH-nr	Quantity	Aid	Inventorynumber

Time limited loan - aid is to be returned at the latest (date):

The aid is to be returned to:

Terms of the loan:

We hope you will benefit greatly by the aid/s you have borrowed.

The aid/s is owned by LD Aids.

You or your significant other/guardian are responsible for the aid you borrow, which means that you shall:

- Use the aid as you have been instructed
- Take gentle care of the aid to prevent its wearing out
- Attend to the aid so it does not get lost, stolen or disappear.
- Make sure that the aid is covered under your personal insurance.
- Contact the healthcare system at the county council or municipality if the aid malfunctions.
- Not lend, sell or in any way discard the aid.
- Not bring the aid with you if you move out of Dalarna County.
- By yourself or through an agent return the aid to the prescribing unit
 - when the loan period has expired
 - if you no longer are in need of the aid or
 - when the prescriber asks you to return the aid.

You may be liable to compensate for aids not being returned upon request.

I have read the explanations for the terms of the loan version

I have read and understood the terms of the loan.

City:

Date:

 Borrower / guardian/ or trustee according to proxy as per designated trustees signature