

TipTraQ Loan Agreement

Date: _____

Name: _____

Address: _____

Phone: _____

DOB: _____

I, _____, received the TipTraQ wearable home sleep test from Balance Epigenetic Orthodontics. I have been provided with all necessary instructions on how to use the device, including how to download and use the app to monitor my sleep study. I understand that I am to use the device only when instructed by my doctor or sleep apnea coordinator. I will retain the TipTraQ device until my testing is complete.

I agree to return the unit in its original condition, including the device, charging cord, finger strap, and the original box in which it was provided. I understand that if the unit is returned damaged or in unusable condition, a fee of \$300 will be assessed.

Signature _____ Date _____