



Kids' Medical Care
Diana McLaughlin, MD
 2336 Immokalee Road
 Naples, FL 34110
 239-591-8481
 239-596-0212 (FAX)

Name: _____
 MR#: _____
 DOB: _____
 Date: _____

1. Please, make sure that your home is equipped with proper electrical outlets.
2. Please, make sure that there is no structural, electrical or water damage to your home.
3. The nebulizer should not be exposed to water, extreme humidity, or direct sunlight for any period of time.
4. The nebulizer should not be exposed to flammable gases or noxious fumes, which may be hazardous to the patient's health.
5. The nebulizer should not be abused or handled in an improper fashion.

I acknowledge that I have been taught how to safely operate and maintain this nebulizer along with the usage of the related supplies.

I acknowledge that I am aware of my payment responsibility directly to Pediatric Supplier.

I acknowledge that Kids' Medical Care and its staff receive no compensation from Pediatric Supplier or have any financial interest in Pediatric Supplier.

I acknowledge that I have received a copy of Pediatric Supplier's "*Certificate of Medical Necessity- Nebulizers and Related Supplies.*"

1. Por favor, asegúrese de que su casa está equipada con tomas de corriente eléctricas adecuadas.
2. Asegúrese de que no hay estructurales, eléctricos o daños de agua en su hogar.
3. El nebulizador no debe exponerse al agua, humedad extrema o sol directa durante cualquier período de tiempo.
4. El nebulizador no debe estar expuesto a gases inflamables o vapores tóxicos, que pueden ser peligrosos a la salud del paciente.
5. El nebulizador no debería ser abusado o manejado de manera inadecuada.

Reconozco que me han enseñado cómo operar y mantener este nebulizador junto con el uso de los aparatos relacionados.

Reconozco que soy consciente de mi responsabilidad de pago directamente a Pediatric Supplier.

Reconozco que Kids' Medical Care y su empleados no reciben ninguna compensación de Pediatric Supplier o tienen ningun interés financiero en Pediatric Supplier.

Reconozco que he recibido una copia de "*Certificate of Medical Necessity- Nebulizers and Related Supplies*" de Pediatric Supplier.

I, certify that I have received and understand the above statement. Yo, certifico que he recibido y entiendo la declaracion.

 Parent Print/Imprime

 Parent Signature/Firma

 Date/Fecha

 INSTRUCTOR