



PREMIERE•GI

Premiere Gi

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Restech Study:

Patient Name: _____

Doctor/RN: _____

I, _____ understand that I am financially responsible for the Dx-pH Measurement System as provided by Dr. Khazanchi. If it is not returned in working condition as it was given to me, I agree to pay the \$750 replacement fees. I understand that the system contains a recorder and a transmitter, and both are in protective cases. I will take care to ensure that these components are handled with care while in my possession and will not let them out of my possession for the duration of my study.

I understand that I should call the doctor's office if I have any questions or concerns about the equipment during my study.

Patient/Guardian Signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____