

## Mild Hyperbaric Oxygen Therapy (mHBOT) Rental Agreement and Renewal Form

It is our goal that you use our chambers to feel better right away after each therapy. The use of mHBOT has been very encouraging and we hope you experience its great benefits. This form outlines the terms of the rental agreement. Ideally, we prefer that you visit us in our clinic located in Hillsboro, OR and experience a free dive to see if it is a right chamber for you. Note: Please review and use our client intake form downloadable from our website, [hyperbarics.com](http://hyperbarics.com), to ensure the safety of everyone who plans to use our chamber.

1. I, (printed first, middle, last name) \_\_\_\_\_ assume full responsibility of 28" military chamber from Braingystics being rented to me during the entire period of this rental agreement.
  - Additional person(s) who will be using the chamber:
2. Printed name (first, middle, last name): \_\_\_\_\_
3. Printed name (first, middle, last name): \_\_\_\_\_
4. Printed name (first, middle, last name): \_\_\_\_\_

**\*\*\*Please note that all the names listed above will need to provide a prescription from their own Primary Care Physician as clearance to use the chamber for personal use. The prescription(s) will be verified before any transaction can be made\*\*\***

- The address where the chamber will be located (must be in the state of Oregon):

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(Please include street name and number, city, state, and zip code)

**\*\*\*The chamber must be located at this address during the entire period of this rental agreement\*\*\***

- The person mentioned in number 1 above needs to provide some form of identification. These include, but not limited to, driver's license, state identification, military ID (if applicable), or passport.
- Please scan and email as attachment the identification document(s), the completed agreement form, and copy of prescription(s) to our company email address, [coach@braingystics.com](mailto:coach@braingystics.com) with the title "rental agreement" as heading.
- The deposit of \$300.00 is required to reserve a chamber which can be paid online or over the phone.
- Once we receive the deposit and the scanned documents in our email, we will process your request. Processing may take up to 7 calendar days.
- We will give you an invoice which includes the monthly rental and handling fee, as appropriate. The monthly rental and handling fee can be paid online or over the phone.
- The monthly rental and handling fee needs to be paid before the chamber can be delivered. All amounts are non-refundable.
- You will be notified of the expected delivery date in advance once rental and handling fee is paid.
- The entire period of this rental agreement is 30 calendar days and it starts as soon as you receive the chamber. Our rental fee is \$1,295 every month.
- The handling fees are found in our website. The handling fee includes transportation, unpacking/packing, and assembly/disassembly charges for certain radiuses from our clinic located at 1400 NE 48th Ave. Hillsboro, OR 97124.
- Above 200 miles, we recommend our lease to own option. This option will save you approximately \$400 of shipping cost. If this is warranted, please use our "lease to own" form available in the "Lease to Own" tab under "Chambers" menu in our website.
- All training, either on-site or DVD, on how to operate the chamber will be included for free.
- Technical support will be an additional cost payable through electronic billing only. Please see our website for details.
- At the end of the rental period, the chamber, the internal frame, the mattress, the compressor with the remote control will be inspected for any damage and to ensure that all parts are in working order.

- No tampering or modifying the chamber in any way is allowed.
- If the chamber is found damaged, you will be held responsible for any incurring cost. If it is found non-operational, you will be held responsible for the full value of the chamber.
- The chamber will be inspected for cleanliness. No food, shoes, sharp objects, heavy cosmetics/perfumes/colognes, heavily soiled clothes and pets are allowed in the chamber at all times. Please clean the inside of the chamber with the non-toxic “green” all-purpose cleaner with soft rag. Do not use soap and water to clean the interior. If the interior does not meet cleanliness standards, there will be an additional \$100 charge. This value will be deducted from the deposit amount.
- The full or deducted amount of deposit will be returned accordingly once we get the chamber back in our company. We will give you the appropriate amount through electronic transaction or check.
- **Absolutely!!** No open flames, candles, flammable substances, and no smoking in and around the chamber are permitted.
- If you decided to extend the rental of our chamber to additional period, the monthly rent needs to be paid a week before the expiration of the rental period. Please notify us of your intention as soon as possible and we will provide you another invoice accordingly. Within a week of no notice, we will assume that you do not to extend the rental period date.
- This rental agreement is applicable to renting our chamber without break. Otherwise, we need to do the whole process all over again.
- In order to prevent oxygen toxicity, one may use the chamber with no more than 2 and ½ hours per therapy twice a day with a 4 hour gap in between.
- You may use non-spill sippy cup filled with water, to help children equalize their ears from changing pressures. We recommend kid’s size “earplanes” pressure ear plugs for the same purpose as well.
- Please feel free to contact our staff with any concerns, comments or suggestions that you may have. Our company phone number is (503) 974-6593.

The below section needs to be filled at the time of chamber delivery.

Deposit amount paid: \_\_\_\_\_ \$

Total Rental fee amount paid: \_\_\_\_\_ \$ [First time / Renewal]

Prescription verification: \_\_\_\_\_

I acknowledge that the mild hyperbaric oxygen chamber is working properly at the time of delivery.

Comments: \_\_\_\_\_ Initials \_\_\_\_\_

I have been given, shown, and informed of how to operate the mild hyperbaric oxygen chamber safely.

Comments: \_\_\_\_\_ Initials \_\_\_\_\_

I have been given a copy of guidelines/consent form, and I understand the risk associated with the use of mild hyperbaric oxygen chamber.

Comments: \_\_\_\_\_ Initials \_\_\_\_\_

Expected delivery date: \_\_\_\_\_

Time: \_\_\_\_\_

Expected pick-up date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**We wish you a happy rejuvenation with mild Hyperbaric Oxygen Therapy and thank you for your business!**