



**TRANSCEND  
MEDICAL**

Going Beyond The Limits

# Equipment SET-UP CHECKLIST

- Introduction—who you are, who you’re with, what are you there for
- Ask a few questions like are you familiar with item or items you are delivering?  
*What kind of problems are they experiencing? What outcome are you expecting?*
- Explain what Equipment does and what to expect from therapy.
- Explain how to maintain and to clean
- Explain what is an emergency—after hours, how to contact. The follow-up calls
- Explain what to expect from insurance filing
- Make sure equipment has appropriate labels/stickers with number on it—also on sales order list manufacturer, model and serial number
- Document the setting you set and any pertinent information  
Ex—O2 @ 2lpm per NC etc. \_\_\_\_\_
- MUST INFORM US IMMEDIATELY IF YOU CHANGE INSURANCE , ENTER HOSPITAL, REHAB, HOSPICE, Nursing Home, MOVE or have family contact us if you pass away (equipment belongs to Transcend Medical)**

**WARNING: If any of the above occurs you will be responsible for the balance of the bill -**

**Initial here \_\_\_\_\_**

Initial Here to confirm that the equipment is good working condition \_\_\_\_\_

Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

Company Rep \_\_\_\_\_ Date \_\_\_\_\_

Thank Them for Choosing us and leave brochure of our other services.