

Arthrex HDS Rental Agreement (PR0123)



Sales Rep/Agency _____ Ship To Acct No. _____

Bill To Acct No. _____ Ship To Name _____

Bill To Name _____ Ship To Address _____

Bill To Address _____

_____ Phone _____ Start Date _____

Starting on _____, the rental fees (993HD) the account listed above pays to Arthrex to use the Arthrex Hip Distraction System (HDS) will apply towards the ownership once the total dollar amount indicated below has been paid. Please note that 991 and 992 codes do not count towards this agreement, only 993HD. The two options are outlined below:

_____ **Option A (HDS Cart not included):** The account will pay rental fees of _____ per case to total \$37,000* throughout the course of this agreement. Once \$37,000 in rental fees has been paid, the account listed above will own the following equipment:

PART NO.	DESCRIPTION	QUANTITY	SERIAL NO.
AR-6529-01	HDS Patient Platform	1	
AR-6529-02	HDS Patient Platform Pad	1	
AR-6529-03	HDS Prep Table	1	
AR-6529-04	HDS Prep Table Pad	1	
AR-6529-05	HDS Operative Leg Spar	1	
AR-6529-05L	HDS Operative Leg Spar, long	1	
AR-6529-06	HDS Traction Boot	1 (set of 2)	
AR-6529-07	HDS Perineal Post	1	
AR-6529-08	HDS Perineal Post Pad	1	
AR-6529-09	HDS Table Clamp (US)	1 (set of 2)	
AR-6529-14	HDS Well Leg Spar	1	
AR-6529-14L	HDS Well Leg Spar, long	1	
AR-6529-15	HDS Well Leg Spar Adapter	1	

Option B (HDS Cart included): The account will pay rental fees of _____ per case to total \$39,200* throughout the course of this agreement. Once \$39,200 in rental fees has been paid, the account listed above will own the following equipment:

PART NO.	DESCRIPTION	QUANTITY	SERIAL NO.
AR-6529-01	HDS Patient Platform	1	
AR-6529-02	HDS Patient Platform Pad	1	
AR-6529-03	HDS Prep Table	1	
AR-6529-04	HDS Prep Table Pad	1	
AR-6529-05	HDS Operative Leg Spar	1	
AR-6529-05L	OR HDS Operative Leg Spar, long	1	
AR-6529-06	HDS Traction Boot	1 (set of 2)	
AR-6529-07	HDS Perineal Post	1	
AR-6529-08	HDS Perineal Post Pad	1	
AR-6529-09	HDS Table Clamp (US)	1 (set of 2)	
AR-6529-14	HDS Well Leg Spar	1	
AR-6529-14L	OR HDS Well Leg Spar, long	1	
AR-6529-15	HDS Well Leg Spar Adapter	1	
AR-6529-13	HDS Cart	1	

*AR-6529-16 HDS Stabilizer Leg may be added to either Option A or B for an additional \$2,650 added to the total amount.

AR-6529-16	HDS Stabilizer Leg	1	
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After the rental fees have been paid to Arthrex a transfer of the following items will take place and a \$00.00 invoice will be sent to the account as a formal notice of this ownership transfer.

Customer	Arthrex Representative
Printed Name _____	Printed Name _____
Signature _____	Signature _____
Title _____	Title _____
Date _____	Date _____

Complete and fax or email to the Arthrex AIM Department - FAX: 866-435-7169 • EMAIL: AIM@Arthrex.com

