PALMEDEQ CORP.

3215 Old Conejo Rd, Newbury Park, CA. 91320
Toll Free: 877-654-0046 Fax: 805-376-1918

CUSTOMER INFORMATION/ DELIVERY SHEET

Date: 09/16/2025 (03:22 AM)

Name: NGUYEN , TOAN

Contact Person: Confirmed Space and ETA w/ Michelle

Address: 8590 LYNX ROAD

Phone Number 1: 858-357-4562, 858-271-4493

City: SAN DIEGO State: CA Zip:

Phone Number 2:

Referring Agency: STANDARD CARE HOSPICE

Type: DELIVERY - NEW

EQUIPMENTS/SUPPLIES/PRICING

TRACKING #	ITEM/DESCRIPTION	QTY.ORDERED	PATIENT FINANCIAL RESPONSIBILITY
55443	HOSPITAL BED-FULLY ELECTRIC	1	No
33455	RAILS - HALF RAILS	1	No
3345	REGULAR MATTRESS	1	No
2242	NEBULIZER WITH MOUTH PIECE AND MASK	1	No
3434	ORAL SUCTIONING-WITH YANKAUER	1	No
234	OXYGEN CONCENTRATOR 5LPM - OXYGEN FLOW - 2 LPM PRN - SET UP HUMIDIFIER BOTTLE? - YES	1	No
2344	E TANK BACK UP - 1	1	No

This agreement consists of all terms and conditions on this page and printed or written. I certify that I have read the terms and conditions of this agreement and agree to be bound by such provisions. I accept full responsibility for all services rendered, including being informed of my rights responsibilities and complaint procedure. I have also been instructed on safe and proper use of the equipment provided and agree to notify PALMEDEQ immediately when the medical necessity has ended.

AGREEMENT

PALMEDEQ rents equipment to "customer" subject to all terms and conditions of this agreement in consideration whereof and hereby acknowledges and agrees to the following:

1. "Customer" means the person(s) signing this agreement and any other person or organization to whom charges are billed by PALMEDEQ the direction of the person signing, each of whom shall be jointly and severely liable hereunder. "Equipment" means the equipment, supplies and accessories identified in the agreement.
2. Equipment is the sole property of PALMEDEQ
3. Customer is not the agent of PALMEDEQ for any purpose.
4. Customer has inspected and received the equipment in good condition
5. The customer must inform PALMEDEQ when the equipment is no longer needed.

RENTAL AGREEMENT

This is Delivery/Pick-up ticket for rental of equipment as indicated on this form and the following terms apply.

1. The customer acknowledges receipt of the equipment as described on the service dates indicated and agrees that title to the equipment shall at all times remain to PALMEDEQ.
2. The equipment is accepted in its "as is" condition, having been inspected by the customer upon delivery.
3. In case of loss or damage to said equipment beyond normal wear and tear whether or not by fault of the customer PALMEDEQ will contact your hospice agency to arrange for repairs.
4. The customer agrees to operate the equipment only in the manner for which it was intended.
5. The customer agrees to notify PALMEDEQ in the event repairs are necessary.
6. The customer has been informed and agrees that PALMEDEQ is not the manufacturer of the equipment and is not responsible for the adequacy or any detects in the equipment.
7. PALMEDEQ has not prescribed the equipment and makes no representations with regard to the suitability of the equipment for any specific purpose of the customer and assumes no liability for any warranties whatsoever, express or implied.

FULL RAILS OR HALF RAILS ARE DELIVERED FOR SAFETY AND MOBILITY.

GARCIA, HECTOR

09/16/2025

TECH/DRIVER SIGNATURE **DATE**

09/16/2025

PATIENT/CUSTOMER REPRESENTATIVE/CAREGIVER **DATE**

RECEIVED BY: 4443

PALMEDEQ CORP.

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Contact Person:

Address: 8590 LYNX ROAD

Phone Number 1: 858-357-4562, 858-271-4493

City: SAN DIEGO State: CA Zip:

Phone Number 2:

Referring Agency: STANDARD CARE HOSPICE

Type: PURCHASE - NEW

EQUIPMENTS/SUPPLIES/PRICING

TRACKING #	ITEM/DESCRIPTION	QTY.ORDERED	PATIENT FINANCIAL RESPONSIBILITY
	GEL MATTRESS OVERLAY	1	No

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PALMEDEQ CORP.
CONCENTRATOR AND BACK-UP CYLINDER

CONCENTRATOR TRACK #: E-REGULATOR TRACK #:

CANNULA LOT #: O2 TUBING LOT #:

HUMIDIFIER LOT #: LPM: CONT: PRN:

OXYGEN CONCENTRATOR E, H, M6 CYLINDERS

- ☑ How to turn concentrator on
- ☑ How to set the flow selector
- ☑ How to clean the cabinet filters
- ☑ How to disinfect the humidifier
- ☑ How to disassemble the humidifier
- ☑ How to deal with power failure
- ☑ How to attach a regulator to cylinder
- ☑ How to turn on master valve
- ☑ How to read cylinder contents
- ☑ How to set the oxygen flow
- ☑ How to turn off the cylinder
- ☑ When to order more cylinders

IMPORTANT SAFETY PRECAUTIONS:

- ☑ No smoking in the home
- ☑ No open flames while using the oxygen.
- ☑ Keep concentrator 10 inches away from any wall.
- ☑ Keep concentrator in a cool, dry ventilated area.
- ☑ Keep cylinder upright.

Our normal business hours are: 8:00AM to 7:00PM Monday - Friday. PALMEDEQ CORP. 24 hour availability for emergency troubleshooting (805) 376-1900 or TOLL FREE (877) 654-0046

NOTE TO THE PATIENT/CAREGIVER: You have been instructed in the proper use of this medical equipment. Your Hospice Care Agency has ordered this equipment and the specific parameters for its use. PALMEDEQ CORP. makes no warranty or guarantee of the effectiveness of its use or any therapeutic results.

PATIENT NAME
NGUYEN , TOAN

INDIVIDUALS INSTRUCTED

09/16/2025

GARCIA, HECTOR

Patient Caregiver Signature | Date | Driver Name

Received By: 4443

MEDICAL EOUIPMENT.
INSTRUCTION CHECK LIST

TYPES OF EQUIPMENT

HOSPITAL BED-FULLY ELECTRIC, REGULAR MATTRESS, NEBULIZER WITH MOUTH PIECE AND MASK, ORAL SUCTIONING-WITH YANKAUER, OXYGEN CONCENTRATOR 5LPM, - 2 LPM PRN, - HUMIDIFIER

SUPPLIES PROVIDED

MATTRESS COVER, 25 FEET OXYGEN TUBING, OXYGEN HUMIDIFIER, NASAL CANNULAS

- ☑ Home Evaluation before equipment set up?
- ☑ Will it fit in the area suggested?
- ☑ Three prong adapter provided?
- ☑ Special home modifications required?

Please describe any modifications:

- ☑ Equipment properly set up for patient use
- ☑ Demonstrate use of equipment
- ☑ Patient/Caregiver return demonstration
- ☑ Equipment maintenance requirements

- ☑ Copy of written instruction provided
- ☑ History of Electrical problems at patients home?
- ☑ Advised to formulate a fire evacuation plan.
- ☑ Patient rights and responsibilities discussed for emergency troubleshooting

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COMMENTS:

PATIENT NAME:

NGUYEN , TOAN

INDIVIDUALS INSTRUCTED:

Patient Caregiver Signature	Date	Driver Name
	09/16/2025	GARCIA, HECTOR

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