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Stress Monitor & Treadmill Trade-In Form

Request Date _____ Customer # _____

Company: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Stress Test Monitor Make & Model

GE Marquette Model: _____ Age: _____

Quinton Model: _____ Age: _____

Burdick Model: _____ Age: _____

Other _____ Model: _____ Age: _____

Software _____

Treadmill

GE Marquette Model: _____ Voltage Requirement: _____

Quinton Model: _____ Voltage Requirement: _____

Burdick Model: _____ Voltage Requirement: _____

Other _____ Model: _____ Voltage Requirement: _____

Walking Belt Condition Good Fair Poor
Noise Level Quiet Loud Very Loud

Digital Yes No

Analog Yes No

Stress Test Accessories

Stress Cable Yes No

Resting Cable Yes No

Interface Cable Yes No

Acquisition Module Yes No

Other _____

Overall Stress Monitor Working Order

Excellent Good Poor Not Working

Overall Treadmill Working Order

Excellent Good Poor Not Working

Is the stress monitor or treadmill currently under a service or maintenance contract? Yes No

Has the stress monitor or treadmill ever been under a service or maintenance contract? Yes No

Is there service and or maintenance records available? Yes No

Other _____

The information I have supplied regarding the medical equipment listed is true and stated to the best of my knowledge. I understand that if any information provided is proven false could result in cancellation or return of sale.

Signature _____ Date _____