

# PAP Device Purchase Terms

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By signing and ticking the boxes below you are agreeing to the statements below and that your purchase will be in accordance with these Terms.

To protect your own interests, please read these Terms and ensure that you understand them before purchasing any PAP device.

If you are uncertain as to your rights, then before agreeing to the terms, please seek independent advice. We are happy to discuss the terms of this Agreement.

I have read, understood and agree to the [CPAP/Bi-level Orientation Checklist](#).

I have read, understood and consent to the [Connected Care Agreement](#).

I have read, understood the [Privacy Policy](#) and consent to the collection, use and disclosure of my personal information in accordance with the [Privacy Policy](#)

I acknowledge that Air Liquide Healthcare has not made any claim or representation as to the effectiveness of the treatment or, (if applicable) the setting of my PAP device prescribed by my physician(s).

I acknowledge that Air Liquide Healthcare has informed me, and I agree that they will not assume any responsibility or liability for the success, failure, or effect of any treatments performed with the PAP device including the setting of my PAP device as prescribed by my medical practitioner (if applicable).

I consent to Air Liquide Healthcare providing my personal information to my medical practitioner(s), my insurer or and if relevant the paying government agency

I would like to receive updates from Air Liquide Healthcare Pty Ltd about products, services, promotions, special offers, news and events.

Name

Date

Signature

Serial Number

*(Office Use Only)*