



Letter of Service Agreement between Patient Tools, Inc. (PTI) - Trial Registration
and _____ (Client)

Unlimited access, processing & storage. Includes tech support (phone/email/remote live support)	___ Access Point(s) (\$58/per month/per tablet)	Depending on assessments used, additional license fees may apply.
Equipment – POV2000 Survey Tablet (16 segment memory)	___ Rent (\$66 per month) ___ Lease-to-own (\$118) (12 monthly payments) ___ Buy (\$1200)	
Equipment - Communication Base (One communication base is required per location. Multiple survey tablets may dock with one base)	___ Rent (\$18 per month) ___ Lease-to-own (\$35) (12 monthly payments) ___ Buy (\$325)	
Volume or special programs discounts may apply, please contact David Hunter for more information 800-745-9186 or sales@patienttools.com		

In recognition of the fact that Client has licensed eSmartBase™ software through Patient Tools, Inc. (PTI) and upon receipt of described access fees, PTI agrees to provide client with website hosting and electronic processing of the assessment/survey data delivered by the POV2000 and eSmartBase system. This hosting service includes a secure access system and an account management system through which the client can view, reprint and manage their data.

Agreement continues in force until cancelled, with or without cause, by either party in writing, at which point all rental equipment must be returned via an insured carrier within 7 business days. Equipment is the responsibility of the Client. Rental or Leased equipment that is damaged or lost equipment will be invoiced accordingly.

Use and Limitations. The assessments provided by PTI are intended for use only by properly trained healthcare professionals. The practice shall not substitute assessment results for their own professional judgment. A lack of information or indications from the assessments should not be construed as an indication or proof that any condition is not present. Further or additional tests, information and investigation may be necessary or advisable to confirm or disaffirm any preliminary information produced by the assessments.

Use of Data. All data maintained by PTI is de-identified and remains the exclusive property of the client in support of their business. Use for any other purposes (research, etc) must be pre-approved in writing in a separate agreement.

Payment. Is a Purchase Order Required for Billing? No___ Yes___ Purchase Order Number: _____

Submit Invoices To:	Company/Practice: _____ Attn: _____
	Address: _____
	City _____ State _____ Zip _____
	Phone _____ E-mail _____

Ship To If Different:	Company/Practice: _____ Attn: _____
	Address: _____
	City _____ State _____ Zip _____
	Phone (_____) _____

Accepted. The person signing this Agreement, if not an Officer for the Client acknowledges they have the approval to sign on the Client's behalf and the Client agrees this Letter of Agreement is binding.

_____ Client signature	_____ Patient Tools, Inc. signature
_____ (print name)	_____ (print name)
_____ Title	_____ Title
_____ Date	_____ Date

Submit this COMPLETED form to sales@PatientTools.com or by fax to 800-745-9189