

Purchase Agreement and Doctor's Prescription for the ArtAssist® Device

This agreement is between ACI Medical, LLC (hereafter called ACI) and the Purchaser of the equipment named below (hereafter called Buyer). I/we agree as follows. (Please print all information.)

Buyer's Name				
Shipping Address				
City, State, Zip or Province, Country, Pos	tal Code			
Billina Address				
Billing Address (If different from shipping	address)			
City, State, Zip or				
Province, Country, Pos	tal Code			
Tel		Fax		
Email				
VISA, MasterCard, Ame				
Credit Card #			· · · · · · · · · · · · · · · · · · ·	
	Expiration		CVV#	
Name Printed on the Cr	edit Card			

Buyer agrees to purchase the ArtAssist Device (hereafter called ArtAssist or Device) from ACI using the credit card number described above for a Two Limb System (Bilateral) at US\$5950.00. ACI will bill the above credit card in the above amount plus sales tax if applicable to Buyer. ACI will ship by UPS ground (included in price) unless otherwise specified by Buyer.

Warranty: ACI warrants to Buyer that goods sold to Buyer will perform in accordance with the applicable data sheet or agreed-on specification and at the time of sale will be free from defects in material and workmanship. For instruments and non-expendable accessories, this warranty shall apply for a period of one year from the date of delivery unless the goods have been subject to misuse, accident, damage, improper installation or maintenance, or alteration or repair by any one other than ACI or its authorized representative. Cuffs and expendable items are guaranteed from defects at the time of delivery. Buyer shall notify ACI promptly in writing of any claim based on this warranty. ACI MAKES NO OTHER OR FURTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE OR WARRANTY OF MERCHANTABILITY.

Buyer agrees to contact his/her physician immediately upon noticing any changes in skin condition at

or near the sites of the cuff set, including but not limited to any rash, redness, blisters, etc. Buyer agrees to look at the sites carefully before and after each use of the Device. Buyer further agrees that the Device will not be used for any other person nor for any other purpose than as prescribed by a Physician. Buyer agrees to stop using the device if the Physician cancels the prescription or notifies the Buyer to stop using the device temporarily.

Proper use of the Device is to be monitored by Buyer and Physician, and not by ACI. If the Device seems to be ineffective or causing problems, Buyer agrees to consult with Physician. Buyer agrees to rely upon Buyer's Physician, and not ACI, for all advice concerning use of the Device. ACI only provides the Device to Buyers who agree to have active and continuous follow-up care by properly licensed Physicians.

No guarantees are made by ACI as the effectiveness of the Device. Buyer agrees to hold ACI harmless from any liability concerning the use or effectiveness of the Device and Buyer agrees that ACI is not responsible for improper use or for misuse of the Device. Any disagreement concerning this Agreement shall be construed under the laws of the State of California, County of San Diego.

ACI Medical, LLC		 Date
,		
Buyer		Date
	PHYSICIAN'S PRESC	CRIPTION
time, three times per day or as limbs, 2. On limbs with suspect	prescribed below. Cor ed deep vein thrombo	for use by the above patient for 1 hour ntraindications- Not for use: 1. On infections sis or arterial clots, 3. During episode
time, three times per day or as limbs, 2. On limbs with suspect inflammatory phlebitis, 4. Wher	prescribed below. Cor ed deep vein thrombo	ntraindications- Not for use: 1. On infec
time, three times per day or as limbs, 2. On limbs with suspect	prescribed below. Cor ed deep vein thrombo	ntraindications- Not for use: 1. On infections or arterial clots, 3. During episode
time, three times per day or as limbs, 2. On limbs with suspect inflammatory phlebitis, 4. Wher congested heart failure).	prescribed below. Cor led deep vein thrombon in increased venous or	ntraindications- Not for use: 1. On infectives or arterial clots, 3. During episode: lymphatic return is undesirable (such

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