



Total Scope, Inc.
The Leader in Medical Device Repair

Capital Evaluation Agreement

Thank you for choosing Total Scope, Inc. for your Rezum Capital Evaluation. As per your request the trial products you have requested will be provided to you for use while trialing the Rezum product.

Package:

To the extent that the Evaluation Period lasts longer than 90 days, Total Scope is required to disclose the value of the Evaluation Equipment under the U.S. Physician Payment Sunshine Act. Or in the event that Customer has not purchased and is still in possession of the Equipment after ninety (90) days, the Customer will be charged and invoiced, and shall pay, a Two Hundred Fifty (\$250) monthly rental fee for the period following the ninety (90) days and continuing until such time as the Equipment is purchased by the Customer or returned to Total Scope.

Customer will be responsible for any damage outside of normal wear and tear on all evaluation products while it is in your possession. You will not be responsible for any evaluation products that are damaged upon receipt (please contact us immediately).

Please retain all shipping materials during the trial in the event the product(s) need to be returned.

Please complete the below information and return to Total Scope via fax (800) 448-2680 or email to rezum@totalscopeinc.com

Account Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Ship to Address: _____

I agree to the above terms and conditions and have the authority to sign on behalf of the practice.

Signature _____