

### Letter of Service Agreement between Patient Tools, Inc. (PTI)

and	(Client)	
Unlimited access, processing & storage.	Access Point(s) (\$58/month/per tablet) *	The first month is at no
Includes tech support (phone/email)		charge.
Equipment	Rent (\$74/month) *	
(includes Survey Tablet	Lease-to-own 12 payments (\$143/month) *	
and Docking Station base)	Buy (\$1320)*	
QPD Panel – License	Monthly Fee (\$99/unlimited use/per tablet)*	*Quantity pricing available
(Licensed through Digital Diagnostics)		

In recognition of the fact that Client has licensed eSmartBase<sup>TM</sup> 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.

The hosting and service access is included in the monthly rental fee for each survey unit in use by client. Agreement continues in force until cancelled, with or without cause, by either party in writing, at which point all equipment must be returned within 7 business days.

<u>Use and Limitations</u>. 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.

<u>Use of Data.</u> 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.

**Referring Practice:** 

<u>Payment.</u>	Is a Purchase Order Required for Billing? No_	YesPurchase	e Order Number:
	We prefer to be billed: MONTHLY	QUARTERLY pa	yment in advance
	Company/Practice:		Attn:
Submit Invoices	Address:		
To:	City	State	Zip
	Phone ( )	E-mail	
	1		
	Company/Practice:		Attn:
Ship To If	Address:		
Different:	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. signatu	re
(print name)		(print name)	
Title	Date	Title	Date
Submi	t this COMPLETED form	to sales@PatientTools.com or by	fax to 800-745-9189



# **Installation Checklist**

Client: \_\_\_\_\_

Today's Date:\_\_\_\_\_

# of PADs to be installed:	
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Installation Checklist			
Is the PC's operating system Windows <sup>®</sup> 98, ME, 2000, or XP?	Yes	🗌 No	
Is the PC's operating system Windows <sup>®</sup> Vista?	Yes	🗌 No	
Does the PC have access with Internet Explorer 5.0 or greater?	Yes	🗌 No	
Is the PC attached to a printer (direct or networked)?	Yes	🗌 No	
Is a serial port available ? (If no, a USB will be installed)	Yes	🗌 No	
Is the computer a desktop or laptop?	Desktop	Laptop	
If the answer to any of the above Target PC questions is No, upgrades will be required in order for the PC to work as a PAD station.			

IT Support Person's Name	 Phone	

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



## END USER LICENSE AGREEMENT

#### **OWNERSHIP OF SOFTWARE**

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Accepted and agreed to:

Licensee:		Date:
(nai	me of entity)	

by:

(name and title)

Signature: \_\_\_\_\_