



By providing the below information, I am indicating my consent to receive information from Hill-Rom related to the ChestMaster Device. I understand that I am able revoke my consent at any time and request that Hill-Rom cease providing me with communications related to this authorization.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE  MAIL

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to Leah Noaeill: [leah.noaeill1@hill-rom.com](mailto:leah.noaeill1@hill-rom.com), or fax 651.787.9911.