

Equipment Log

Date	Equipment	Vendor	Serial Number	Service Schedule	Purchased or Rented by	Service Contract	Other Information
	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name: Phone:				Name: Phone:	
	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name: Phone:				Name: Phone:	
	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name: Phone:				Name: Phone:	
	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name: Phone:				Name: Phone:	
	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name: Phone:				Name: Phone:	

Adapted from the Medical Home Project for Children with Special Health Care Needs Los Angeles, CA