

Medical Loan Promissory Note

Date:

Loan Amount: \$

Parties

Lender Name

Address

Borrower Name

Address

Repayment Terms

Payment Amount

Due Date (each month)

Interest Rate (%)

Loan Term (months)

Purpose

This loan is provided for the specific purpose of medical treatment described as:

Signatures

Lender Signature

Date

Borrower Signature

Date
