

Accessory Request

(Accessories are non-serial numbered items such as audio shoes, input cords, belt clips, etc.)

Shipping Address Following Service

Contact

Name: _____

Position: _____

Phone: _____

Email: _____

Student NAME: _____ **Birthdate:** _____

SD #/Name: _____ **School:** _____ **Grade:** _____

Reason for Request **Damage** **Loss** **New Hearing Aid(s)/ Cochlear Implant(s)**
 Other: _____

Hearing Aid (must be incl when req audio shoes) Make: _____ **Model:** _____

Audio Shoe Model: e.g. AS18 _____ **Shoe Colour*:** _____ One Two

**Phonak audio shoe colour availability based on stock & subject to change. Silver will be issued by default if colour is not indicated.*

Lanyard Charger USB Cable Input (Audio) Cord Recording Cable Protector

Roger Touchscreen Boom Mic with Belt Clip N7/N8 Monitor EarPhones Remote Control (CI & BAHA students only)

Roger Focus SlimTube: Size 0 1 2 3; Left Right; Roger Focus Dome: Sml Med Lrg

Other: _____

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