

Equipment Loss Report

Replacing Lost Equipment Yes No

Student NAME: _____ Birthdate: _____
 SD #/Name: _____ School: _____ Grade: _____
COMPLETED Equipment Loss Reports must be sent with a recent audiology report if replacing equipment.

All sections of this page must be completed. Incomplete forms will result in delays.

Shipping Address if Replacing Lost Equipment

Contact

Name: _____
 Position: _____
 Phone: _____ Email: _____

LOST Transmitter

Model _____ Serial # _____

LOST Receiver(s)

Model _____ Serial # _____ EasyGain _____ Installed/Marvel Yes No
 Model _____ Serial # _____ EasyGain _____ Installed/Marvel Yes No

LOST Accessories

Case Charger USB Cable Input (Audio) Cord Recording Cable Lanyard Protector Pouch
 Roger Focus SlimTube: Size 0 1 2 3; Left Right Roger Focus Dome: Sml Med Lrg
 Audio Shoe(s) Model (e.g. AS18) _____ Colour _____ Other: _____

Audiology Clinic

Audiologist _____
 Clinic _____

Hearing Device Information

If replacing lost receiver, please provide hearing aid information:
 Make _____ Model _____

School District Authorization

*Auditory Outreach equipment and accessories are on loan to the school and/or school district for educational use by the student listed above. **When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment.***

Date: _____ Position: _____
 Name: _____ Signature: _____
 Phone: _____ Email: _____

Estimated Replacement Costs

Receivers: Roger X, Roger Focus II \$1350; Roger 20, Roger 21: \$2100
Transmitters: Roger Touchscreen, Roger On \$1750; Oticon EduMic \$1100; Cochlear Mini Mic 2+ \$382.50