

**Send completed forms to:**  
 Fax: 1-604-485-2759, or  
 info@auditoryoutreach.ca

## Technical Service Request

**Student NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**SD #/Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**COMPLETED** Technical Service Request forms must be sent with a recent audiology report.

### Shipping Address Following Service

### Contact

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Equipment Shipped for Service Repair/replacement of discontinued items based on stock.

<b>Receiver:</b> <input type="checkbox"/> Roger X <input type="checkbox"/> Roger Focus <input type="checkbox"/> Roger Focus II <input type="checkbox"/> Roger 20 <input type="checkbox"/> Roger 21 <input type="checkbox"/> Other: _____	Serial #: _____ Serial #: _____
<b>Transmitter:</b> <input type="checkbox"/> Roger Touchscreen <input type="checkbox"/> Roger On <input type="checkbox"/> Oticon EduMic <input type="checkbox"/> Cochlear Mini Mic 2+ <input type="checkbox"/> Other: _____	Serial #: _____
<b>Accessories Enclosed:</b> <input type="checkbox"/> Audio Shoe(s) e.g. AS18 silver - 2 _____ <input type="checkbox"/> Case <input type="checkbox"/> Charger <input type="checkbox"/> USB <input type="checkbox"/> Lanyard <input type="checkbox"/> Recording Cable <input type="checkbox"/> Input (Audio) Cord <input type="checkbox"/> Protector <input type="checkbox"/> Pouch <input type="checkbox"/> User Guide <input type="checkbox"/> Touchscreen Boom Mic with Belt Clip <input type="checkbox"/> N7/N8 Monitor EarPhones <input type="checkbox"/> Remote Control <input type="checkbox"/> Other: _____	

**Reported Issues:**

  
  
  

**Technical Service Provided** (AO-PRP use only): Date Shipped \_\_\_\_\_ Waybill: \_\_\_\_\_