

# Assistive Hearing Equipment Hearing Aids

Right Serial #

--	--	--	--	--	--	--	--	--	--

Left Serial #

--	--	--	--	--	--	--	--	--	--

Purchase date \_\_\_\_\_ Owner \_\_\_\_\_

Is the device currently under warranty coverage?  yes  no

Company: \_\_\_\_\_

Phone: 

--	--	--	--	--	--	--	--	--	--

Training sources

Tech Support 

--	--	--	--	--	--	--	--	--	--

Hours: \_\_\_\_\_

**Describe how this device is used:**

## Equipment List

- Right ear mold
- Left ear mold
- Right hearing aid
- Left hearing aid
- Right battery
- Left battery
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

How are repairs made to this device (i.e., who sends the device, how is payment made to the company, etc.)

What backup systems are used?

Charging/battery information (include the battery size)

## Internal Settings

RIGHT

LEFT

SPL: 

--	--	--

SPL: 

--	--	--

TONE: \_\_\_\_\_

TONE: \_\_\_\_\_

Has this device had any specific problems lately?

Comments/Suggestions/Problems

Is this device part of the IEP?  YES  NO