



Service aux laryngectomisés,
Programme d'aide à la communication
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Programme d'aide à la communication
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COMMUNICATION AID DEVICE LOAN FORM

User's Identification

Last name: _____ First name: _____

RAMQ: _____ Expiry date: _____

Name of device: _____ Device number: _____

Accessory _____

(1): _____ Number (if applicable): _____

(2): _____ Number (if applicable): _____

Approximate replacement value: _____

1 year

Loan duration: (renewable) or _____ month(s)

The device remains the property of CHUM

CHU de Québec-Université Laval

Speech-language pathologist: _____

Workplace: _____ Telephone: _____

Resource person (1): _____ Relationship: _____

Telephone: home*: _____ mobile: _____

Resource person (2): _____ Relationship: _____

Telephone: home*: _____ mobile: _____

User's signature: _____

Date: _____

** must be different from that of the user*