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## **COMMUNICATION AID RETURN**

Date:		
User's name:		
DESCRIPTION OF THE COMMUNICATION AII	ID:	
■ Device:	Number:	
Accessory:		
Accessory:		
Accessory:		
Returned by: Relationship with user:		
Telephone no.:		
Reason for return:		
Received by (name):		
Contact information:		
understand that, by accepting this commun	nication aid, I am responsible for returning it to the dis	tribution centre
Signature:		
Date:		