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: |       |  |  |
| Loan duration:  | [ ] 1 year (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: | Cliquez ici pour entrer une date. |  |  |  |  |
| *\* must be different from that of the user* |  |  |  |