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* | | | | | | | | | | | | |  | | | | |  | |  |