COMMUNICATION AID RETURN

 Date: Cliquez ici pour entrer une date.

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| --- |
| User’s name :       |

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| **DESCRIPTION OF THE COMMUNICATION AID:** |
| * Device:
 |       | Number: |       |
| * Accessory:
 |       |  |  |
| * Accessory:
 |       |  |  |
| * Accessory:
 |       |  |  |

|  |  |
| --- | --- |
| Returned by: |       |
| Relationship with user: |       |
| Telephone no.: |       |
| Reason for return: |       |
| Received by (name): |       |
| Contact information:  |       |

***I understand that, by accepting this communication aid, I am responsible for returning it to the distribution centre within 10 days.***

|  |  |
| --- | --- |
| Signature: |  |
| Date: | Cliquez ici pour entrer une date. |