COMMUNICATION AID RETURN

Date: Cliquez ici pour entrer une date.

|  |
| --- |
| User’s name : |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |