



Trial Agreement

I,, have been loaned

Serial No. (R), and/or

Serial No. (L)

I agree to return the above device(s) and all loaned accessories in good condition at the time that I pick up my repaired device(s) or by date:.....

I also understand that if the loaned device(s) is lost or damaged, I am responsible to pay for the device(s) for \$.....

Accessories:

Patient Signature _____

Audiologist Signature _____

Date: _____

Returned item(s) received by: Date