

van Asch Deaf Education Centre
Truro Street
Christchurch 8

Tel. (03) 326-6009
Fax (03) 326-5346

Hearing Aid Repair Request
(Please fill in **ALL** details)

Date _____ Sender's Name _____

Hearing Aid Wearer's Name _____ D.O.B.: _____

Home Address: _____

Audiology Clinic: _____

Address where Hearing Aid is to be returned:

Make _____ Model _____ Serial No _____

Make _____ Model _____ Serial No _____

Make _____ Model _____ Serial No _____

Make _____ Model _____ Serial No _____

FAULT *(Please describe problem in full)*