

van Asch Deaf Education Centre
38 Truro Street, Sumner
Christchurch 8081

Ph/TTY (03) 326 6009
Fax (03) 326 5346
email: info@vanasch.school.nz

Hearing Aid Repair Request
(Please fill in ALL details)

Date: _____ Sender's Name: _____

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

IMPORTANT - Please indicate if the student has been
diagnosed with APD (Auditory Processing Disorder) Yes No

Home Address: _____

Audiology Clinic: _____

Address where Hearing Aid is to be returned:

Make _____ Model _____ Serial No _____

Make _____ Model _____ Serial No _____

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FAULT (Please describe problem in full)

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