

REPORT OF LOSS OR DAMAGE TO HEARING AID

NAME..... **DATE OF BIRTH**.....

ADDRESS.....

.....

CONTACT NUMBER: **LANDLINE** **MOBILE**

HEARING AID DETAILS - ADVISE BELOW IF LEFT, RIGHT OR BOTH

.....

DATE OF ISSUE.....

CIRCUMSTANCES OF LOSS OR DAMAGE (failure to complete this section will result in the form being returned to you)

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.....

DATE OF LOSS.....

IF YOU HAVE LOST THE EAR MOULD, PLEASE POST IN BLUE IMPRESSION OR MAKE AN APPOINTMENT BY PHONING 08009178056 (IF YOU DO NOT HAVE A FULL EAR MOULD AND HAVE AN OPEN FIT (WITHTUBES/DOMES) THEN THIS WON'T APPLY TO YOU).

Once completed, please return this form to the address below:

Audiology Department, Raigmore Hospital, Old Perth Road, Inverness, IV2 3UJ

PLEASE NOTE

All hearing aids remain the property of NHS HIGHLAND.

You will be liable to a charge towards the administration costs of replacing your aid. The current charge is £40 (subject to review). In the event of any damage to your aid this charge will be £40 towards the cost of repair.

You will receive an invoice from the finance Department. This must be paid in full before the aid will be issued. DO NOT SEND PAYMENT WITH THIS FORM

The invoice must be paid prior to reissue of the aid. Current wait times are approx. 8/10 weeks.

SIGNED

DATE



Headquarters: Assynt House, Beechwood Park, Inverness, IV2 3BW

Chair: Prof. Boyd Robertson
Chief Executive: Fiona Davies