

PLEASE ONLY MARK WHAT YOU NEED TO BE ABLE TO HEAR AGAIN:

I am a Baha Recipient (if you are a Baha recipient, please fill out the information in the section below)

Claiming a Baha 4 Claiming a Baha 3 Power Claiming a Baha 3

Side of processor being claimed: Left Right

Serial #:

Processor Color: Piano Black Glacier White Chestnut Brown Soft Black
 Champagne Blonde Slate Grey Ocean Blue

I am a Cochlear Implant Recipient (if you are a Cochlear Implant recipient, please fill out the information in the section below)

My type of Internal Implant: N22 N24

Claiming a Nucleus 6 or Nucleus 5 Sound Processor

Side of processor being claimed: Left Right

Processor Serial #:

Sound processor color: Sand/Maize Brown/Mocha Black /Carbon
 Charcoal/Smoke White

Coil color: Sand/Maize Brown/Mocha Black/Carbon
 Charcoal/Smoke White

Coil cable length: 2" 3" 4" 11"

Battery type: Battery Holder and Cover (for use with disposable batteries)
 Standard Rechargeable Battery Compact Rechargeable Battery

Claiming a Nucleus Freedom Sound Processor

Side of processor being claimed: Left Right

Processor Serial #:

Sound processor color: Beige Brown Black Silver Pink Blue

Cable/coil Beige Brown Black Silver

Cable/coil length: 2" 3" 4" 11"

Battery type and color: (choose one) Battery Rack (for use with disposable batteries)
 Rechargeable Battery

Controller type: BTE Mini BTE Bodyworn*

*Bodyworn cable color (if applicable) Beige Brown Black Silver Pink Blue

*Bodyworn cable length (if applicable) 12" 19" 31" 39"

Sprint or 3G

Side of processor being claimed: Left Right

Processor Serial #: Cable/coil length: 2" 3" 4" 11"

CLINIC/AUDIOLOGIST INFORMATION

Clinic Name Primary Audiologist

Mailing Address

City State Zip/Postal Code

Country

Clinic Email

Clinic Phone

Please explain why the recipient is out of sound:

Please explain what assistance you have sought thus far. Do you have any insurance, or spoken to your clinic to see if you can get a loaner?

How long has the recipient been out of sound?