

# LOSS & DAMAGE REPLACEMENT FORM



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Date: \_\_\_\_\_

Account N°: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Patient Name: (Please Print) \_\_\_\_\_

## Lost Instrument Details

Left Hearing Aid Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Right Hearing Aid Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

C-tip required

Wire Length: \_\_\_\_\_ Receiver type:  S  M  P  HP  SP

Tube Diameter:  0.9mm  1.4mm Length: \_\_\_\_\_

DEX device: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Special Instructions/Options: \_\_\_\_\_

Date lost/damaged: \_\_\_\_\_

Details: \_\_\_\_\_

## Terms & Conditions

I<sup>1</sup> understand that:

- the above hearing instrument is covered by Widex Canada's Loss & Damage policy and that a deductible will apply.<sup>2</sup>
- the replacement hearing instrument will not have Loss & Damage coverage and that only the balance of the original warranty will apply.
- if the original hearing instrument is found, the replacement hearing instrument must immediately be returned to Widex Canada.
- if the replacement instrument is returned for credit, Widex Canada will refund the deductible amount listed on the Widex Canada invoice.

I declare that the hearing instrument was lost/damaged as described above and have read and agree to the terms and conditions.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

1. "I" refers to the owner of the hearing instrument, or the parent/guardian if the hearing aid wearer is a minor.

2. Additional fees may apply at the discretion of the hearing healthcare professional.