



## **DROP OFF FORM:**

*Please fill out the information below so we can best serve you! Please place the hearing aid(s) in the provided envelope and drop it in the dropbox below. Please call 512-763-8855 if you have any additional questions. We will call you when it is ready for pick up.*

**Patient Name:**

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**Patient Phone Number:**

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**Please check all that apply below:**

\_\_\_ Hearing Aid is too soft

\_\_\_ Hearing Aid needs cleaning

\_\_\_ Hearing Aid Battery issue

\_\_\_ BlueTooth Connectivity Issue

\_\_\_ Hearing Aid is too loud

\_\_\_ Hearing Aid is whistling/feedback

\_\_\_ Hearing Aid is dead

\_\_\_ Hearing Aid is intermittent(cuts in and out)

**Notes for Dr:**

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