



LOANER INSTRUMENT AGREEMENT

DATE:

PATIENT NAME:

The following instrument is being loaned to me:

Make & Model:

Serial Number(s):

Battery Size:

Ear Mold:

Accessories (remote/T-loop/charger etc.) _____

I understand that this instrument is on loan until _____.

I understand that if I encounter any problems with the hearing instrument during the time

I have the loaner instrument; I will contact **Miracle-Ear** at _____ immediately.

A charge of \$ _____ per hearing instrument may be assessed if they are lost or damaged in my possession. I agree to pay all applicable charges.

PATIENT SIGNATURE: _____ DATE: _____

CONSULTANT SIGNATURE: _____ DATE: _____

INSTRUMENTS RETURNED

PATIENT SIGNATURE: _____ DATE: _____

CONSULTANT SIGNATURE: _____ DATE: _____