

Phonak Loss Claim Form

School Board's Roger Systems



Form 36

Dispenser/Teacher's Name: _____	
SHIP TO Account Number: _____ Phone number: () _____ School Board Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____	BILL TO Account Number: _____ Phone number: () _____ School Board Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____
Student's Information Last Name: _____ First Name: _____ Date of Birth: ___ / ___ / _____ <div style="text-align: center;">DD MM YYYY</div>	Instrument Information Model: _____ Serial Number: _____

Please refer to the current Phonak Price and Policy for our warranty policy

Please have the user or responsible party read and sign the following statement:

"I _____, hereby state that the above information is true and accurate. I understand that should the lost instrument be found, the replacement unit I was issued must immediately be returned to Phonak Canada."

Signature: _____ Date: _____

DD MM YEAR

SIGN & FAX BACK TO:

905-677-7536 or
 Toll-free: 1-800-814-5799