Phonak Loss Claim Form School Board's Roger Systems

Date: / /	Attention to (at Phonak):
STEP 1: Account Information	
Ship to Account Number: Phone#: School Board Name: Address: Contact Name (Teacher/Dispenser):	Bill to Account Number: Phone#: School Board Name: Address:
STEP 2: Deductible Payment	STEP 3: Student Information
If deductible applies, how would you like to be billed?	? (PICK ONE) First Name:
□ PO#: OR	
PPP funds OR	Last Name:
□ Invoiced (no PO needed)	
Please refer to our Roger Education Pricebook for warranty inf	ormation.
STEP 4: Instrument Information	
Nodel: Serial Nu	mber:
Nodel: Serial Nu	mber:
Nodel: Serial Nu	mber:
STEP 5: Declaration of Loss	
	and sign the following statement: eby state that the above information is true and accurate. I understand that should the was issued must immediately be returned to Phonak Canada."
Signature:	Date: dd/mm/yyyy
Additional Comments:	

Please return form via email at rogerorderscanada@phonak.com or fax to 1-800-814-5799.

PHONAK

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