

Attachment "3"

- Phone
- Fax

DEPARTMENT OF VETERANS AFFAIRS
HEARING AID SERVICE REQUEST FORM

| | | | | | |
|--------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------|--------------|
| Ordering Clinic: | | Ship to: | | Bill to: | |
| VA DENVER ALC | | Mail & Parcel Post VA DENVER ALC (049A2-4D) PO BOX 25166 DENVER, CO 80225-0166 Motor & UPS VA DENVER ALC (049A2-4D) 555 CORPORATE CIRCLE GOLDEN, CO 80401 | | VA DALC | |
| Contact Person: HOLLINGSWORTH, CHRISTOPHER M (ES) | | Contact Phone: 303-273-6200 | | | |
| Contact e-mail address: | | | | | |
| PO#: 7913C5002-A986 Patient: Order Date 10/24/12 | | | Vendor: Contract #: VA791 [REDACTED] Deliver On/Before: 11/03/12 | | |
| Hearing Aid Information | | | | | |
| Make | Model | Serial Number | Ear | Warranty Type | Original PO# |
| | | 0918H04N2 | L | OUT OF WRNTY | |
| Special Requests | | | Secondary Features | | |
| BASIC REPAIR CHARGE: 104.00 | | | | | |
| Circuit Problems | | | Case/Shell Problems | | |
| Dead | | | | | |
| Items to Vendor | | | Additional Information | | |
| HEARING AID, DIGITAL AID, SLIM TUBE, MEMORY SWITCH | | | REPAIR REPLACE SLIM TUBE | | |

Total cost (estimated): 104.00

Fitting Formula:

* Please reset/reprogram to the control settings as received.

Sample - Subject to Change