

LOAN EXTENSION APPLICATION FORM

Audiologist Name: _____

Mailing Address: _____

Phone Number: _____

Child's Name and Date of Birth: _____

Please describe why the child needs the hearing aid(s) or FM system(s) for three more months:

Parent/Legal Guardian's Name: _____

Mailing Address: _____

Phone Number: _____

Date child fit with loaner aid or FM system: _____

Audiologist Signature

Date