



## HEARING AID RETURN FORM

### SENT FROM

Audiologist Name \_\_\_\_\_ Office Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Contact Email \_\_\_\_\_

### PATIENT INFO

Name \_\_\_\_\_ DOB \_\_\_\_\_

### LEFT DEVICE INFO

Make/Model \_\_\_\_\_ Serial # \_\_\_\_\_

### RIGHT DEVICE INFO

Make/Model \_\_\_\_\_ Serial # \_\_\_\_\_

Thank you for returning hearing aids to the HAAPI program. By returning your hearing aids, you are making it possible for another child to use them!

Note: You do not need to send earmolds. Please use a padded envelope to return hearing aids.

Please return hearing aids to: 4740 Kingsway Drive Suite 33, Indianapolis, IN 46205. If you need more return packaging, please contact us at 317-828-0211 at [info@haapindiana.org](mailto:info@haapindiana.org).