

# Purchase Agreement

**DATE:**

**PATIENT:** *Comments*

Address:

Phone:

Date of Birth:

Ear	Manufacturer	Model	Battery	Serial	Warranty Exp	L & D

Other Items

Total Amount

Discount

Total Tax

**BALANCE DUE**

### WARRANTY & CONDITIONS

**My new hearing aid(s) is offered with a 60-day adjustment period effective the initial fitting date. If I cannot adjust to the amplification during the adjustment period, I may return the hearing instrument(s) for a full refund, minus a \$190.00 return and fitting fee. My hearing aid is in repair warranty until:**

**(Left):**

**(Right):**

**My hearing aid is insured (for a one-time) loss & damage replacement until:**

**(Left):**

**(Right):**

*\* \$395.00 deductible per unit applies.*

**In the event I lose the instrument(s) during the adjustment period, the return for credit is void and I will be responsible for the balance due. Loss & damage insurance can be applied to replace the instruments.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Audiologist's Signature

\_\_\_\_\_  
Date