



Lions of B.C. Hearing Conservation Society



HEARING AID ORDER FORM

The _____ Lions Club

In Zone ____ of MD 19

Request the supply of suitable Hearing Aids from the **Lions of B.C. Hearing Conservation Society** for the following client:

Name _____

Address _____

Phone _____ Date of Birth _____

Aids required (Check appropriate blocks)

A. Refurbished aids (\$300.00 ea.)

Qty

- One.
- Two

- In The Ear Behind The Ear

B. Unitron Moxie Kiss E or Oticon GET Aids

(\$750 ea.) or Bernafon Inizia 1

Qty;

- One
- Two

Included:

- Audiogram (dated within 6 months).
- Payment \$_____.

Dated this ____ day of _____ 20____

(Name of Club Officer)

(Signature)

CLUB CONTACT LION

Name _____

Address _____

Phone _____ Fax _____

H.A. PROVIDER

Name _____

Address _____

Phone _____ FAX _____

Email _____

Audiologist/H.I.P. _____

To be completed by Society:

Date received _____

Date forwarded to HA Bank _____

Authorized on _____ File: _____

Comments:

FORWARD COMPLETED FORM WITH PAYMENT AS APPROPRIATE TO:

**Bob Jones
Unit 38, 7600 Chilliwack River Road,
Chilliwack, BC V2R 3Z6**

Additional information if required is available From

Email: lions.bc.hearing@gmail.com

AMENDED JULY 12, 2018