



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.