

NEBRASKA HEARING AID BANKS
ORDER FORM FOR SERTOMA/LIONS

Please fill out information and send all required forms to:

Nebraska Hearing Aid Banks
156 Barkley Memorial Center
Lincoln, NE 68583-0731

Phone: 402-472-0043
Fax: 402-472-0363
Email: hearingaidbanks@unl.edu

Patient Name:	Dispenser Name:
D.O.B:	
Patient Phone:	Dispenser Phone:
Patient Email:	Dispenser Email:
Patient Address:	Dispenser Address:

Select one: ☐ Lions (Age 19-64) ☐ Sertoma (Age 65+)

***Sertoma patients are responsible for the cost of the second HA (\$100) payable to Sertoma at time of fitting.*

New Order

☐ Right Ear Only ☐ Left Ear Only ☐ Bilateral

☐ RIC *Please specify length and power of receiver:* _____

☐ BTE *Please specify power level:* _____

All manufactures you currently work with:

☐ Phonak ☐ Starkey ☐ Resound ☐ Widex ☐ Oticon

Please list manufacturers in order of preference: _____

If available, would you be interested in the following features/accessories:

☐ Rechargeable ☐ Dehumidifier ☐ Remote/partner mic ☐ Streamer ☐ Remote Control

Note: Receiver(s) WILL NOT be covered under the warranty and the patient may be responsible for the cost of the receiver(s) at the time of the fitting if the proper gain receiver and/or length is not in stock.
Earmolds should be ordered by, dispensed through, and paid to dispenser.

Special Requests/Comments:

Please Send: This form along with the current audiogram (**within last 6 months**) to the address/fax/email above.