

Holiday Loaner Request Form

Cochlear Implants

Please complete and return this form to MED-EL a minimum of 21 days before your departure. If this form is not returned in time we cannot guarantee the service will be available. The loan period should not exceed 30 days.

Your loaned audio processor will be sent to you directly by your clinic, together with a pre-paid addressed envelope for return of the processor to MED-EL. We strongly recommend that you take out the appropriate level of travel insurance to cover your loaner processor before departure.

Customer Information Name of MED-EL User	1					
Clinic						
E-mail Address						
Postal Address						
Post Code	Teleph	ione No.				
Parent/Guardian Name (if	under 16 years old)				
Dates of Holiday Start:		End:				
Processor Type (please	e select type)					
	IS 2 DUET	2	RONDO	SONNET	SONNET EAS	
			/			
Bilateral users requiring le	eft and right loaners	please tic	ck here			
If a Paediatric Battery Pac	k is required please:	tick here				
Terms & Conditions						
Cost of Holiday Loaner		£25 (for	£25 (for both unilateral and bilateral loaners)			
The information supplied on this marketing purposes or shared loaner is not returned within the form you confirm the above orcay. *The agreed period is the dates.*	with any other organisa ne agreed period*, the p der and agree to pay all a	tions. If you person name additional cos	ur original processor d on this form will b sts as required under	breaks, please retur e liable for a fee of	n it to your clinic. If th	
Print Name		Date				
Signature						
Payment Details (pleas	 se tick option below	·)				
	provided upon rece		form.			
	e to: MED-EL UK Ltd				D	
	: MED-EL UK Ltd, 7 (,	
If you have an	y questions regardir 01226 242 879 or (H		tomerservice@m		imited on	
MD/47/190315	FOR OFFICE USE ONLY					
	Date sent to clinic:		Date Retu	urned to MED-EL:		