

Erie Audiology, Inc.  
REGISTRATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_  Work PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_  Email: \_\_\_\_\_

Person you will be bringing with you: \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor: \_\_\_\_\_

**In case of emergency, please list a contact person other than spouse**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about us: Family Member \_\_\_\_\_  
 Friend \_\_\_\_\_ Physician: \_\_\_\_\_  
 Phone Book \_\_\_\_\_ Internet \_\_\_\_\_ Walk-In \_\_\_\_\_ Newspaper \_\_\_\_\_ TV Ad \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Right \_\_\_\_\_ / \_\_\_\_\_  
 (Make) (Model) (Serial #) (S/R Warr) (L/D Warr) (Fit Date) (Batt)  
 Streamer \_\_\_\_\_ (S/R Warr) \_\_\_\_\_  
 Microphone \_\_\_\_\_ (S/R Warr) \_\_\_\_\_  
 TV \_\_\_\_\_ (S/R Warr) \_\_\_\_\_

Mold/Dome \_\_\_\_\_ Wax Guard \_\_\_\_\_ Speaker Wire \_\_\_\_\_ Wax Guard \_\_\_\_\_

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Left \_\_\_\_\_ / \_\_\_\_\_  
 (Make) (Model) (Serial #) (S/R Warr) (L/D Warr) (Fit Date) (Batt)  
 Streamer \_\_\_\_\_ (S/R Warr) \_\_\_\_\_  
 Microphone \_\_\_\_\_ (S/R Warr) \_\_\_\_\_  
 TV \_\_\_\_\_ (S/R Warr) \_\_\_\_\_

Mold/Dome \_\_\_\_\_ Wax Guard \_\_\_\_\_ Speaker Wire \_\_\_\_\_ Wax Guard \_\_\_\_\_

Copies of Insurance Cards