

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 _____

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