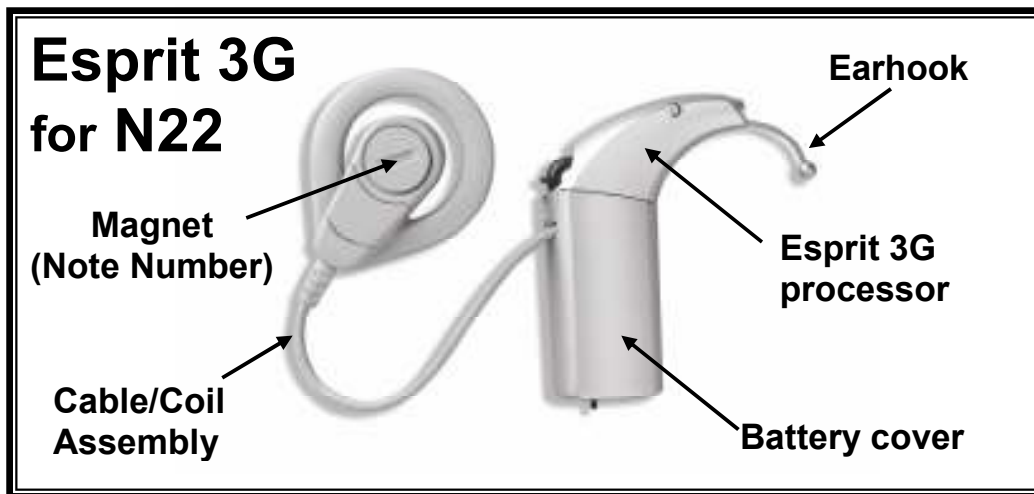


# Esprit 3G for N22 Holiday Loaner Request Form

Patient Name _____	Parent or Guardian _____
Address _____	
Telephone No. _____	
Delivery Address _____	
Daytime Telephone No: _____	
Travel Dates	From _____ To _____



<b>PROCESSOR COLOUR</b>	Silver <input type="checkbox"/>	Beige <input type="checkbox"/>	Brown <input type="checkbox"/>	Black <input type="checkbox"/>
<b>CABLE / COIL</b>	Grey <input type="checkbox"/>	Beige <input type="checkbox"/>	Brown <input type="checkbox"/>	Black <input type="checkbox"/>
<b>CABLE LENGTH</b>	6cm <input type="checkbox"/>	8cm <input type="checkbox"/>	10cm <input type="checkbox"/>	
<b>MAGNET INSERT</b>	½m <input type="checkbox"/>	1m <input type="checkbox"/>	2m <input type="checkbox"/>	3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m <input type="checkbox"/>
<b>EAR HOOK</b>	Titanium <input type="checkbox"/>	Soft Ear Hook Cover <input type="checkbox"/>	Earmould Compatible <input type="checkbox"/>	
<b>BATTERY COVER</b>	Grey <input type="checkbox"/>	Beige <input type="checkbox"/>	Brown <input type="checkbox"/>	Black <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/>
	Electric Blue <input type="checkbox"/>	Green <input type="checkbox"/>	Purple <input type="checkbox"/>	Jade <input type="checkbox"/> Red <input type="checkbox"/> Fuchsia <input type="checkbox"/>

<b>SPARE PARTS LIST</b>					
Magnets (Easyfit coil): ½m - £15	1m - £15	2m - £20	3m - £25	4m - £30	5m - £35
Earhook (Titanium) - £17	Soft Earhook Cover - £10		Earmould Compatible - £15		
Cable/coil Easy Fit (All lengths) - £33		Battery cover (All colours) - £1			

<b>Charges from Date of Issue (see Terms and Conditions)</b>	
Initial Cost	- £30 (Non returnable)
Used items	- Cost of item(s) + £10 Handling Charge
<b>If not returned in 30 days</b>	- a charge of £10 per day will be incurred up to a maximum of 10 days.
<b>If not returned in 40 days</b>	- You will be invoiced for £2000 as the processor will be presumed lost.

I acknowledge that I have read and understand the **terms and conditions on the 'Holiday Loaner Information'** sheet. By signing, I accept and agree to pay the additional costs shown above for parts used or lost under the Holiday Loaner Scheme.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
 Cochlear Europe Ltd, Service Department  
 9 Weybridge Business Park, Addlestone Road, Addlestone  
 Surrey, KT15 2UF  
 Tel: 01932 871 1500