

STATE OF MINNESOTA PEDIATRIC HEARING DEVICE LOANER PROGRAM



Audiology
ENT & Facial Plastic Surgery

The loaner program is administered by Children's Minnesota Audiology ENT & Facial Plastic Surgery. The program was developed with support and through partnerships with device manufacturers. Our program receives grant funding and website support from Minnesota Department of Health.

Loaner Hearing Device Agreement Form

Provider Name: _____ Facility/Clinic Name: _____

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Minnesota Pediatric Hearing Device Loaner Program loans the following hearing device(s):

Manufacturer: _____ Model: _____ Serial #: _____ ID#: _____

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Please initial each statement and sign below:

_____ I agree that my child received loaned device(s) from the Minnesota Pediatric Hearing Device Loaner Program.

_____ I agree that my child will use this/these hearing device(s) for up to six months.

_____ I agree to seek permanent hearing device(s) and/or medical treatment during this loan period for my child.

_____ I agree to return the loaned hearing device(s) to my child's provider, upon receipt of permanent devices.

Parent/Guardian Signature

Date

Thank you! Please return form to the Loaner Program at time of fitting. **FAX:** 612-813-6889

State of Minnesota Pediatric Hearing Device Loaner Program
Children's Minnesota Audiology
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The State of Minnesota Pediatric Device Loaner Program and website application are sponsored by:

