

MAIL FORM TO: 146-148 Forest Road P.O. Box 9000 St. John's NL A1A 3B8 FAX FORM TO: 709.778.1359 call us at: telephone: 709.778.1000 toll-free: 1.800.563.9000 visit us at: workplacenl.ca

Request For Repair

Vendor name	Vendor number
Client name	Claim number
The following hearing aid(s) are in need of repair	
Right Ear Left Ear	
Make/Model	
Serial No.	
Reason for repair. Please check all that apply	
Dead	
Distorted	
Internal feedback	
Noisy	
Cracked	
Other, please specify	
Comments	
Please sign below	
Provider_	Data
Provider	Date