



806 Beaver Street Bristol, Pa 19007 800-492-4515

THIS FORM IS REQUIRED BY PENNSYLVANIA STATE LAW

PATIENT INFORMATION		INSTRUMENT ORDER INFORMATION			
Name	A I D S	Manufacturer	Style	Model Description	Serial Numbers (to be completed on delivery)
	LT	America Hears			
Address	RT	America Hears			
	City	Zip	Condition <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned		Please refer to Disclosure Agreement for Details of all Fees and any Non-Refundable & Cancellation Fees.
Phone Number				LT \$ _____ RT \$ _____	
If your rights are violated, you may contact the State Bureau of Consumer Protection, Office of Attorney General, the Pennsylvania Department of Health in Harrisburg or your local District Attorney.	Additional Purchases (Describe)				\$ _____
					\$ _____
	Block A. Insurance / Credits / Discounts (Describe) _____ \$ _____				Total Cost \$ _____
					Total Block A - \$ _____
	Subtotal \$ _____				Total Due \$ _____
Manufacturer's warranty against defective workmanship or materials is guaranteed for <u>1 (one)</u> year(s). See Warranty information for full Disclosure.		Down Payment (_____)			\$ _____
<input type="checkbox"/> Provided and Reviewed User Instructional Brochure		Balance due on delivery			\$ _____
Invoices past due 60 days are subject to a late fee of \$ _____ per month					

NOT A MEDICAL OPINION

The purchaser has been advised at the output of his relationship with the hearing aid dealer that any examination or representation made by a registered hearing aid dealer and fitter in connection with the practice of fitting and selling of this hearing aid, is not an examination, diagnosis or prescription by a person licensed to practice medicine in this Commonwealth and therefore must not be regarded as a medical opinion.

Purchaser does hereby acknowledge review and receipt of this document for the purchase sale of a hearing aid(s).

Registrant Signature and Registration Number

Date of Sale

Purchaser's Signature