

RECOMMENDED HEARING INSTRUMENT(S) SUPPLY FORM

	Client	Hearing Aid Supplier
Name		Dr David J Reed BA MSc MBA AuD RHAD
Address		Reeds Hearing Care Ltd.
		'Amnigilda'
		4 Raglan Close
		Lawn, Swindon
Postcode		SN3 1JR
Telephone		01793 692815

Following evaluation of your hearing, details of the hearing instruments recommended as being suitable are shown below.

Make	Type	Model	Left / Right / BC
Comments			

The instrument(s) will be fitted on the following agreed terms:

Instrument Price (Left)	£	Total Cash Price	£
Instrument Price (Right)	£	Initial Payment	£
Earmould(s)	£	Misc. * Discount	£
Batteries box of 60	£ 36.00	Cash Price Balance	£
Extra Items	£		
Extra Items	£		
Consultations within 51 days	£ 255.00		
Total Cash Price	£	* Discounts are only valid if settlement is received within 30 days of the hearing aid fitting	

Settlement of the account is due in full seven days after the fitting of the hearing aid system.

This quotation is valid for 60 days from the date below.

Please note: Within a period of six weeks from the date of supply at least one further personal consultation will be provided without charge, to assess the progress and to offer further assistance if required.

In the unlikely event of instrument(s) proving to be unsuitable then providing return is in new condition within **30** days of the date of supply, clients only obligation is a payment of **£255.00** and any monies paid in excess of this amount will be refunded.

INSTRUMENT GUARANTEE AND SERVICE: The instrument(s) above will be guaranteed against any defect of workmanship or material for a period of **...24...** months from the date of fitting. Damage due to misuse, accident or attempted repairs may not be covered by the Guarantee. Interference with the instrument and/or replacement of the parts other than by the manufacturers or the manufacturer's authorised agent's renders the guarantee invalid. Service under the terms of the guarantee, and subsequently, will be provided through the Hearing Aid Supplier. None of the foregoing affects the clients statutory rights. All hearing aid dispensers are required to be registered with the Health Professions Council and a copy of the Councils Code of Practice may be seen on request. The Council's duties include ensuring adequate standards in dispensers' conduct and competence.

The address is: Health Care Professions Council, Park House, 184 Kennington Park Road, London. SE11 4BU

Telephone: 020 7840 9802. Facsimile 020 7820 9684 www.hpc-uk.org

Please make your cheque payable to 'Reeds Hearing Care Ltd.'

Bank Transfer to: sort code 20-84-61 account number 10721638

I acknowledge that the data taken from me for my consultations will be kept on record and that Reeds Hearing Care Ltd may contact me in the future to offer further appointments, please tick the box if you do not wish to be contacted for follow up appointments.

I understand that Reeds Hearing Care Ltd may contact me in the future to advise me of any changes in the company, please tick the box if you do not wish to be contacted.

Signature of Client

Date 2013

Signature of Hearing Aid Dispenser