



**Ear, Nose & Throat**

Associates of Southeastern CT, P.C.

Paul E. Johnson, M.D., F.A.C.S.  
F. Gervan Mlynarski, M.D., F.A.C.S.  
Raymond A. Gaito, Jr., M.D.  
Frank R. Dellacono, M.D.  
David S. Boisoneau, M.D.

201 Boston Post Road  
Waterford, CT 06385  
Phone (860) 442-0407  
Fax (860) 444-2015  
www.ENTofSECT.com

14 Mason's Island Rd 2B  
Mystic, CT 06355  
Phone (860) 536-3078  
Fax (860) 444-2015

### HEARING AID DROP OFF/PICK UP FORM

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Hearing Aid Information:

Manufacturer- Right: \_\_\_\_\_ Left: \_\_\_\_\_

Serial Number- Right: \_\_\_\_\_ Left: \_\_\_\_\_

Problem: (check all that apply)

Dead \_\_\_ Weak \_\_\_ Feedback/Squealing \_\_\_ Intermittent/Fades \_\_\_ Broken Battery Door \_\_\_

Battery lodged in aid \_\_\_ Short Battery Life \_\_\_ Broken/cracked case \_\_\_ Tubing problem \_\_\_

Needs wax guard(s) \_\_\_ Other: (describe) \_\_\_\_\_

Received by office staff \_\_\_\_\_ Date: \_\_\_\_\_  
Initials

Received by patient:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No payment due: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials

Balance due of: \$ \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: