

Colorado FM Loan Bank FM Request Form

Lisa Shigio, Audiologist, CSDB Phone: 719-578-2183 Fax: 719-578-2239 email: lshigio@csdb.org

Audiologist: _____

Phone: _____

Email: _____

Summer phone: _____

Address to send equipment (include name of organization): _____

Date needed: _____

Who should receive the contract (name and email): _____

Student's name: _____

District: _____

Student's school: _____

BOCES: _____

Here is a list of the equipment that the loan bank has. Please indicate what you would like to order and **how many units** you need.

TRANSMITTERS-Indicate Units Needed

____ Phonak Touch Screen

____ Phonak Roger Pen

____ Phonak On

____ Oticon Edumic

____ Phonak Clip on Mic

RECEIVERS-Indicate Units Needed

____ Phonak Roger X

____ Phonak Roger 17

____ Phonak Roger 20

____ Phonak Focus

____ Phonak Neck loop

MISCELLANEOUS-Indicate Units Needed

____ Lightspeed Redcat

____ Cochlear Mini Mic 2+

____ Phonak Compilot

For the Phonak Focus include ear and size: _____

If you need hearing aid audioshoes indicate which ones: _____

Special Instructions: _____
