



**FAX: 1-604-485-2759**  
**info@auditoryoutreach.ca**

## Equipment Exchange - Cochlear Implant Student

Date: \_\_\_\_\_ Student NAME: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

A **COMPLETED** Request must *include*:  School/District Authorization – Page 2  CI Audiologist Authorization – Page 1  
 Hearing Aid Audiologist Authorization (if applicable) – Page 2  Most Recent Audiology Report(s)

### Student's Hearing Device(s) Please provide applicable information.

Hearing Aid: R - L (Circle) Make \_\_\_\_\_ Model \_\_\_\_\_

Cochlear Implant: - R - Make \_\_\_\_\_ Model \_\_\_\_\_

Cochlear Implant: - L - Make \_\_\_\_\_ Model \_\_\_\_\_

### Current System

<b>Receiver:</b> Model _____ Serial # _____ Model _____ Serial # _____	<b>Transmitter:</b> Model: _____ Serial: _____
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### Equipment Being Requested

**Receiver:**  Roger 20  Roger X  Roger Focus  Other \_\_\_\_\_  One  Two

**Transmitter:**  Roger Inspiro  Cochlear Mini Mic 2+  Other \_\_\_\_\_

**Special Requests:**  N7 Monitor Earphones  N5/N6 Monitor Earphones  N5 Adaptor  Retention Cover  
 Other \_\_\_\_\_

### CI Audiologist (Please sign below to certify this student's readiness for an Equipment Exchange.)

Considering this student's hearing history and experience with the current cochlear implant and processor, it is recommended the student start using the new equipment as of \_\_\_\_\_  
(day-month-year)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Please Print)

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Please **EITHER** enclose the student's most current mapping report with the following information, **OR** fill out the following chart.

DEFAULT Vol _____ Sens _____	PROGRAM NAME	ACCESSORY	ESTIMATED BATTERY LIFE				
		MIXING RATIO	ASC?	SCAN?	RECOMMENDED FOR USE WITH RM?	DISPOSABLES	RECHARGEABLES
P1						HRS _____	STANDARD
P2					HRS _____		
P3							COMPACT
P4							HRS _____



Student: \_\_\_\_\_

## Audiologist Authorization for Aided Ear

Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with student's **hearing aid**:

Date: \_\_\_\_\_ Clinic: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Audiologist signature is required for system and component exchanges that require verification, ie. Matching RM system to hearing aid. As per Board of Hearing Aid Dealer and Consultant Best Practice Guidelines (July 2009). Exchanges of transmitters or same model receivers do not require verification.**

## School District Authorization

Auditory Outreach equipment and accessories are on loan to the school and/or school district. When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment; and requests the equipment be loaned for the above student through the Auditory Outreach program.

Date: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Estimated Replacement Costs**

**Receivers:** Roger 20 \$1994; Roger X or Focus \$1249; Roger MyLink or Roger Guide-U \$734; MLxi Baha-\$1399; MLxi or iSense micro \$1129; Freedom \$1799; MLxS \$830; Edulink \$970; MyLink or MyLink+ \$699      **Transmitters:** Inspiro \$1499; Other Types \$739

School/district shipping address **following** validation by AO-PRP Audiologist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School/district contact regarding validation, equipment function, and functional benefit for this student.

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_