



ABC Audiology

Office Hours:
M-F 9:5

3339 Hwy 25, N. #44
Northport WA 99157
888-453-8806

INVOICE #: 1002

DATED: 3/20/2011

Patient Agreement

PATIENT: Record Number C12345	COMMENTS
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Ms. Mary L. Allen
3339 Hwy 25 North, #44
Northport, WA 99157
(509) 732-4112

Please RUSH. Patient leaving in 2 weeks for vacation.

Ear	Supplier	Size	Circuit	Battery	Serial	Warranty Exp	L & D
L	Widex	BTE	Mind 330 M3-Mr Cb	13	5634637	11/30/11	11/30/11
R	Widex	BTE	Mind 330 M3-Mr Cb	13	5634636	1/1/00	11/30/11

Date	QTY	Description	Price	Adjustment	Extended
3/20/11	1	92557 - Basic Comprehensive Audiometry (92553 & 92556 Combined)	\$115.00		\$115.00
3/20/11	1	92567 - Tympanometry	\$65.00		\$65.00
3/20/11	1	92568 - Acoustic Reflex Testing	\$55.00		\$55.00
3/20/11	2	Widex - Mind 330 M3-Mr Cb Bte - BTE - Standard	\$3,456.00		\$6,912.00

SUB TOTAL	\$7,147.00	TOTAL SALES TAX	\$0.00	TOTAL CHARGES	\$7,147.00
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BALANCE DUE \$7,147.00

IMPORTANT INFORMATION

This assistive device is warranted to be specifically fit for the particular needs of you, the buyer. If the device is not specifically fit for your particular needs, it may be returned to the seller within 30 days of the date of actual receipt by you or completion of fitting by the seller, whichever occurs later. If you return the device, the seller will either adjust or replace the device or promptly refund the total amount paid. This warranty does not affect the protections and remedies you have under other laws.

Unless otherwise indicated, this equipment is new and warranted by the manufacturer against defects in material and workmanship for a period of (1) one year from the date of delivery.

Medical Waiver

I have been advised by the professional noted on this document that the Food and Drug Administration has determined that my best interest would be served if I have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid. _____



Patient's Signature

Date



Audiologist's Signature

Date