SONIC innovations

Affirmation of Lost or Damaged Hearing Aid(s)

I, _____, residing at _____ _____, affirm to have lost or damaged the following Sonic hearing aid(s):

Serial Number(s) _____ & _____

RIGHT	LEFT	DOME
Std Ric Size_____	Std Ric Size_____	Std size_____
Pwr Ric Size_____	Pwr Ric Size_____	Pwr size_____

which were purchased through _____,

Account number _____

These aids were lost or damaged on approximately _____ .

IN WITNESS WHEREOF, the above has duly executed and delivered this affirmation as of the date written below.

By: _____ Date: _____

Name: _____
(print)

STATE OF _____)
) ss.
COUNTY OF _____)

On the _____ day of _____, 20__, personally appeared before me _____, who being sworn did say that he/she is authorized to sign the above and foregoing instrument and acknowledged to me that he/she executed the same.

_____
NOTARY PUBLIC

My Commission Expires:

Residing At: _____

_____