



**ANY BABY CAN: CHILDREN'S HEARING AID TEXAS (CHAT)
Hearing Aid Request Form**

Instructions: Please include the following with this request for hearing aid(s):

- _____ Report of Otologic Examination (CHAT Form).
- _____ Copy of audiogram, ABR and/or OAE results.

Please send a copy of the aided audiogram when the hearing aid has been fit.

Note: ITE hearing aids must be pre-approved. Do not send ear mold impression(s) to the until CHAT has sent in the order and notified you to send the impression(s).

Child's Name:	Date of birth:
Audiologist requesting hearing aid:	Facility name:
Phone number of audiologist:	Address to Send Hearing Aids:

Hearing Aid(s) Requested:

EAR	MANUFACTURER	MODEL
Right		
Left		

Your account number for the manufacturer requested:
(Please note that this is for shipping purposes only.)

FEATURES: (circle all appropriate for this child)

Color	Modifications	Huggie/Huggie Head
Beige	M/MT/T Switch	Size in inches
Light Brown	Tamper Resistant battery door	
Dark Brown	Tamper Resistant volume control	
Black	Pediatric Ear Hook	
Pink	Filtered ear hook (name)	
Blue	Modify for MLX	
Green	Bi Cross	
Yellow	T-coil	
Orange	DAI	
Clear	Boot	
	Other Needs:	

Any Baby Can: Children's Hearing Aid Texas (CHAT)
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