

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

In addition to wearing my
listening devices I also need:

To wake me:
