

**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: _____

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