

### Account Information

Account number\*: \_\_\_\_\_  
Account name: \_\_\_\_\_

Contact name: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

### Patient Information

Lyric patient number (p#)\*: \_\_\_\_\_  
Patient last name: \_\_\_\_\_ Patient first name: \_\_\_\_\_

### Device Information (Left ear)

Serial number: \_\_\_\_\_  
Device removal reason:  
 Discomfort  
 Device related  
 Fitting related  
 Proactive removal

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requires medical referral (ear canal observation)  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Device Information (Right ear)

Serial number: \_\_\_\_\_  
Device removal reason:  
 Discomfort  
 Device related  
 Fitting related  
 Proactive removal

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requires medical referral (ear canal observation)  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted with analysis results?  yes  no

### Notes:

- Individual form should be used for each patient
- Investigative account participants do not need to fill out this form for returned devices

\* Mandatory fields