



Upgrade Sound Processor Consent Form

Client Name: _____ **Date:** _____

Consent

I give consent for Ear Science Institute Australia, Ear Science Implant Clinic and Cochlear Ltd to make contact with my private health fund on my behalf, for eligibility and specific claiming directly related to upgrading my sound processor only.

I wish to upgrade my current sound processor from a _____
to the new Cochlear™ Nucleus 8 (CP1110) sound processor/s.

I understand and agree to consent on the above.

Name: _____

Date: _____

Signed: _____