

FLEX-Focused Patient Event RSVP Tracking Form

Practice name: _____
Account #: _____
Event date: _____

Audiogram on file
Confirmed attendance
Attended
Left w/ FLEX TRIAL™ device
Appointment scheduled
Sale
Other

DATE	PATIENT NAME	GUEST NAME	PHONE	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	NOTES