

FLEX-Focused Patient Event results

Account number: _____

Account name: _____

Contact name: _____

Event date: _____

☐ Mailed letters

☐ Called

☐ Other: _____

Number of attendees: _____

Number of FLEX:TRIAL™ units sent home: _____

Number of new units sold: _____

Comments: _____

Send completed form to marketing@unitron.com or FAX to 800.521.5400

800.888.8882
unitron.com/us

A Sonova brand

4404 05-19

unitron™ Love the
experience