

My Home Hearing Aid Routine Chart

Name _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Battery							
Clean earmold (days:)							
Dehumidifier (days:)							

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Battery							
Clean earmold (days:)							
Dehumidifier (days:)							

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