PHONAK life is on

Order & Remake Form: Service, Reshell & Return

Phonak office use only

By submitting this order to Phonak for creation of a custom product for your client, you agree that Phonak will scan and then dispose of any ear impression, that any scan and other information generated as part of the order fulfilment process is the property of Phonak and the client has been advised that their personal information (including name, date of birth, gender, device sizing and service history) will be retained for warranty claims, product recall and statistical purposes. The information will only be released or disclosed to another person or agency when specifically requested and with your client's consent. If you would like any ear impression supplied with this order returned, please let us know.

Phonak New Zealand Level 2, The Chester Building,
28 The Warehouse Way, Northcote, Auckland 0627
Fax: 09 486 1895. Email: nzorders@phonak.com

1. Order Details

Clinic Details _____

Client Details _____

Order Details

Date Required ☐ Routine[1] Required by[1] _____

Contact _____

Order Number _____ Order Date _____

[1] Repairs: 1-2 days in house; reshells: 3-4 days in-house [2] Additional fee may apply, see Sales Policy

Invoice To

☐ Clinic

☐ Client[2]

Ship To

☐ Same as invoice

2. Instrument Details

	Model	Serial Number		Model	Serial Number
Hearing Instrument/s			**FM Receiver/s**		
L			L		
R			R		
Earmould/Shell			**FM Transmitter**		
L			L		
R			R		
AccessLine Remote Controls, ComPilot, iCom, TVL ink etc			**Dry & Store / Other**		

3. Repair

☐ Earmould included with BTE (recommended for thorough assessment)

Warranty Details

☐ Sales Warranty applies

☐ Service Warranty applies

Quote Required

☐ Proceed if cost does not exceed **$200 per instrument/device**

☐ Quote for repair if total cost exceeds: _____

☐ Provide full itemised assessment and quote (additional charge applies)

Reason for Repair

4. Reshell or Remake

Reason for reshell or remake

☐ Fit – Retention ☐ Change venting

☐ Fit – Tight ☐ Cosmetic reason

☐ Feedback ☐ Broken

☐ Difficulty with insertion ☐ Other

Phonak Hearing Instrument Details

Model	Serial Number

Required for verification that client currently using Phonak hearing instruments

Audiogram

	Frequency (Hz) 250	500	1K	2K	3K	4K	5K
R							
L							

For AOV or if reshell needed because of feedback or high frequency gain limitations

Additional Information

5. Return Credit – Reason for Return

Remake Policy (ITE, earmould & custom shell)

Current Hrg. Inst. Brand	Phonak	Other
More than 90 days old	Charge applies	Charge applies
Modelling/build quality	N/C	N/C
Change in material or style	N/C	Charge applies
Change in model (e.g. SlimTip to earmould)	N/C	Charge applies
Addition or removal of options	N/C	Charge applies
Change in hearing loss or instrument gain requirements	N/C	Charge applies
Organic change in ear anatomy (esp. infants)	New order	New order
Unsuitable impressions	Charge applies	Charge applies
Significant non-organic variance between impressions	N/C	Charge applies
Damage resulting from genuine attempt to modify in clinic	N/C	N/C
No identifiable reason	N/C	Charge applies

Email to Phonak