

School FM/BTE Service Form



Customer Information

Purchase Order Number*: _____

Date: _____

Contact Name: _____

Phone: _____ Email: _____

Ship to Account:

Account #: _____

School Name: _____

ATTN: _____

Address: _____

City: _____

State: _____ Zip: _____

Bill to Account:

Account #: _____

School Name: _____

ATTN: _____

Address: _____

City: _____

State: _____ Zip: _____

Standard Repair

In Warranty

Out of Warranty
Please include copy of repair purchase order

Annual Service:
____/____/____
Required date for delivery

Model	Serial Number**	Notes/Description of Problem

*copy must be on file at Phonak; please note that processing may be delayed without purchase order
 **please check units upon return for change of serial # due to pin change, recasing or unit replacement

Phonak LLC is not responsible and assumes no liability for any non-Phonak manufactured device or accessory sent by you to Phonak. Please ensure that you only include Phonak devices and accessories herein.

Email inquiries to schoolhelpdesk@phonak.com
Ship to: 444 N Commerce St, Aurora, IL 60504

Phonak School Help Desk | 4520 Weaver Parkway | Warrenville, IL 60555 | Tel: 888-777-7316 | Fax: 630-393-9816