

Step 1: Customer Information

Ship To Account Number: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Bill To Account Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Name: _____
 Third Party Patient Number: _____
 Purchase Order Number: _____
 Contact Name: _____
 Phone Number: _____

Step 2: Device Information

RIC Model/Serial Number: _____
 Receiver (must accompany device) size/side (0-3, L/R): _____
 BTE Model/Serial Number: _____
 SlimTube (if included) size/side included (0-3, L/R): _____
 Ear hook color: _____
 CROS Model/Serial Number¹: _____
 Custom Product Model/Serial Number: _____
 Custom Earpiece Model/Serial Number: _____
 Hearing instrument is not included in this repair
 Accessory Model/Serial Number: _____
 Phone number required for shipping directly to patient or school. We're unable to ship to a P.O. Box. Additional charge for shipping directly to the patient. If the patient's settings cannot be restored we will ship back to the sender.

Step 3: Service Plan Options Prices subject to change without notice

24-Hour Service Option [Rush24] 24-hour service is not guaranteed during holidays

Must select below if out of warranty repair All serialized out of warranty items included will be repaired with a 6 month warranty by default. Charges will apply. Out of Warranty cShell & SlimTip will be a chargeable new order. Instruments more than 5 years post invoice date will only be repaired if parts are available. Shipping and handling applies to all chargeable repair orders.

<p>DEVICES LESS THAN 5 YEARS POST INVOICE DATE: 6 MONTH WARRANTY</p> <p><input type="checkbox"/> Hearing Instruments/Phonak CROS/Roger/FM <input type="checkbox"/> Wireless Accessories <input type="checkbox"/> RemoteMic/TVLink <input type="checkbox"/> ITE Remake² <small>(In addition to a service plan, for same model and patient only)</small></p>	<p>DEVICES LESS THAN 5 YEARS POST INVOICE DATE: 12 MONTH WARRANTY</p> <p><input type="checkbox"/> Hearing Instruments/Phonak CROS/Roger/FM <input type="checkbox"/> Wireless Accessories <input type="checkbox"/> RemoteMic/TVLink <input type="checkbox"/> ITE Remake² <small>(In addition to a service plan, for same model and patient only)</small></p>	<p>DEVICES MORE THAN 5 YEARS POST INVOICE DATE: UP TO 6 MONTH WARRANTY (or until end of service date)</p> <p><input type="checkbox"/> Hearing Instruments/Phonak CROS/Roger/FM <input type="checkbox"/> Wireless Accessories <input type="checkbox"/> RemoteMic/TVLink <input type="checkbox"/> ITE Remake² <small>(In addition to a service plan, for same model and patient only)</small></p>
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Step 4: Service Type

<p>CIRCUIT REPAIR</p> <p><input type="checkbox"/> (DE) Dead <input type="checkbox"/> (I) Intermittent (Describe) <input type="checkbox"/> (DS) Distorted (Describe) <input type="checkbox"/> (FA) Fades <input type="checkbox"/> (FN) Noisy (Describe) <input type="checkbox"/> (CD) Excessive Battery Drain <input type="checkbox"/> (FB) Internal Feedback <input type="checkbox"/> (WP) Wax Related Problem <input type="checkbox"/> (TU) Weak (Not up to specs) <input type="checkbox"/> (CS) Clean & Test <input type="checkbox"/> (FM) Short Range - Roger/FM, CROS <input type="checkbox"/> (FS) No Roger/FM Signal <input type="checkbox"/> (IS) Intermittent Roger/FM Signal <input type="checkbox"/> No Wireless Connectivity <input type="checkbox"/> Add Option³: _____ <input type="checkbox"/> Delete Option: _____</p>	<p>DEFECTIVE/BROKEN</p> <p><input type="checkbox"/> (DM) Damaged Case <input type="checkbox"/> (VC) Volume Control <input type="checkbox"/> (SW) Memory Switch <input type="checkbox"/> (BD) Battery Door <input type="checkbox"/> (AU) Audio Input/Audio Shoe <input type="checkbox"/> (TC) T-Coil <input type="checkbox"/> (EH) Ear Hook <input type="checkbox"/> (MF) Mic <input type="checkbox"/> (RP) Receiver</p> <p>TAMPERPROOFING (BTE ONLY)</p> <p><input type="checkbox"/> Tamperproof Battery Door <input type="checkbox"/> Roger/FM Battery Door <input type="checkbox"/> Mini Ear Hook <input type="checkbox"/> Tamper-proof Ear Hook</p> <p>COLOR CHANGE</p> <p><input type="checkbox"/> Change to: _____</p>	<p>CUSTOM SHELL MODIFICATION For best fit, please send complete impression including 2nd bend</p> <p><input type="checkbox"/> (IV) Increase Vent <input type="checkbox"/> (DV) Decrease Vent <input type="checkbox"/> (FE) Feedback <input type="checkbox"/> (BR) Broken <input type="checkbox"/> (OB) Occluded (Barrel sound) <input type="checkbox"/> (TF) Tight Fit (Mark & include full new impression, see image) <input type="checkbox"/> (LF) Loose Fit (Mark & include full new impression, see image) <input type="checkbox"/> (AC) Add Canal Lock⁴ (Include full impression. N/A IIC.) <input type="checkbox"/> (HL) Add Helix Lock⁴ (Include full impression. N/A IIC.) <input type="checkbox"/> (SL) Add Skeleton Lock⁴ (Include full impression. N/A IIC.) <input type="checkbox"/> (SC) Add Soft Coat⁴ <input type="checkbox"/> Add Lacquer⁴ <input type="checkbox"/> Add WaxTrap⁴ <input type="checkbox"/> Add SmartGuard⁴ <input type="checkbox"/> Add MicGuard (IIC only)</p> <p>Hearing aids, cShells & SlimTips must be included with all remakes. Canal lock will be the same color as the shell: Transparent, Pink, Brown, Cocoa & Tan only.</p>
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¹ Please return the Phonak CROS transmitter and hearing instrument for repair for a full evaluation.
² Remake charges will apply to out of warranty custom hearing instruments with cracks, holes, missing shell and remakes requested for fit issues. Model Change not available if out of trial period.
³ See Price & Reference Guide for chargeable options.
⁴ Chargeable option for hearing instrument.

Notes, Description of Problem, Items Sent with Repair: Please call before repairing

