

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: _____

RogerDirect™ installation information

Is RogerDirect installed in the Paradise/Marvel device? Yes No
If yes, please select the install method: Roger X (02) – via Roger Installer & Roger X
 Roger X (03) – via iN microphone

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

*Please check units upon return for change of serial # due to pin change, recasing or unit replacement

Sonova USA Inc. 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

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