Phonak Service Form



1: Customer Information

Step 1: Customer Information	Ste	p 2: Device Information		
Ship To Account Number:	Date: Dev	Device Model/Serial Number:		
Address:		☐ Receiver (must accompany device) size/side (0–3, L/R):		
City: State:		☐ SlimTube (if included) size/side included (00–3, L/R):		
Bill To Account Number:	·	☐ Ear hook color:		
Address:	Cus	tom Ear Piece Model/Serial Number:		
City: State:	Zip:	☐ Hearing instrument is not included in this repair		
Patient Name:	·			
Patient is under 21 years of age (Check box if yes)	Complete Step 3 Ste	p 3: RogerDirect™ Installation Information		
Third Party Patient Number:	Is R	ogerDirect installed in the Paradise/Marvel device? \Box Yes \Box No		
Purchase Order Number:		If yes, please select the install method:		
Contact Name:		□ Roger X (02) — Pediatric		
Phone Number:		☐ Roger iN Microphone or Roger X (03) — Home/Work/University		
Phone number required for shipping directly to patient or school. We're unable to	o ship to a P.O. Box. Additional charge for shipping di	rectly to the patient. If the patient's settings cannot be restored we will ship back to the sender.		
Ston 4: Samiles Blan Ontions				
Step 4: Service Plan Options Prices subject to chan				
☐ 24-Hour Service Option [Rush24] 24-hour service is no				
		imonth warranty by default. Charges will apply. Out of Warranty cShell & SlimTip will be a chargeable new ord d if parts are available. Shipping and handling applies to all chargeable repair orders.		
DEVICES LESS THAN 5 YEARS POST INVOICE	DEVICES LESS THAN 5 YEARS			
DATE: 6 MONTH WARRANTY	DATE: 12 MONTH WARRANTY	DATE: UP TO 6 MONTH WARRANTY (or until end		
☐ Hearing Instruments/Phonak CROS¹/	☐ Hearing Instruments/Phonak (
Roger/FM	Roger/FM	☐ Hearing Instruments/Phonak CROS¹/		
☐ Wireless Accessories	☐ Wireless Accessories	Roger/FM		
☐ RemoteMic/TVLink	☐ RemoteMic/TVLink	☐ Wireless Accessories		
☐ ITE Remake ²	☐ ITE Remake ²	☐ RemoteMic/TVLink		
(In addition to a service plan, for same model	(In addition to a service plan, for	- TE Hemake		
and patient only)	and patient only)	(In addition to a service plan, for same model and patient only)		
		and patient only,		
Step 5: Reason for Service				
CUSTOMER REQUEST (CC40 / CC38 / CC39)	CONNECTIVITY (CC10)	TAMPER-PROOFING (BTE ONLY)		
■ R Add/remove/change option ³	□ R FM / Roger	Tamper-proof battery door		
(please specify your request in comments field)	■ R Wireless / Bluetooth	■ Roger integrated receivers		
☐ Change color to:	L R CROS	■ Mini ear hook		
	□ R Programming problem	□ R Tamper-proof ear hook		
RESIDUES (CC17)	(HI ←→ Software) □ ℝ Telecoil			
□ ® Wax problem	LI KI TETECOTI	BROKEN (CC16)		
🛚 🖫 Sweat, moisture, humidity		───── □ ℝ Housing		
	ACOUSTIC RESPONSE (CC11)	■ Battery door		
SERVICE (CC14)	■ R Occlusion	□ R Volume wheel		
□ R Clean & functional check	□ R Feedback: Internal (not poo			
E E CICAN CUMUNICIONAL CITCON	□			
	too large	☐ 图 Microphone cover		
HARDWARE / COMPONENTS	□	Cord or cable cracked / frayed (accessories)		
NOT FUNCTIONING (CC10)	□ ■ Feedback: With jaw movem	,		
□	□ R Noisy: Crackling / Popcorn	□ ℝ Removal line		
□ R Push button	■ Noisy: Static / hissing	□ ® Wax system		
□ R Volume control	☐ R Acoustic response too weal	,		
Deau Deau				
□ R Display (accessories)	feedback test	□ ℝ Wires inside device / shell		
Battery:	□ ℝ Intermittent	■ R Electronic module / faceplate detached		
© R Rechargeable / Not charging	■ Sound fades in/out	□ R Receiver detached from Shell (ITE)		
R High drain	■ R Distorted			
□ ® Stuck	■ Poor acoustic performance	5		
	(e.g. venting too large)			

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 and Reference Guide for chargeable options.

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Step 6: Remake Information

Hearing aids, cShells and SlimTips must be included with all remakes.

SHELL FIT (CC23) ■ Too big – protruding / cosmetics ■ Canal too long ■ Canal too short $\ \square$ Too loose / moving in the ear ■ Too small – dexterity problem ■ Difficult to insert ■ B Difficult to remove ■ Too tight ■ Sound bore direction **HURTS WHERE MARKED** ■ Shell ■ R Lock ■ With static jaw ■ R With moving jaw ■ By inserting / removing device

CUSTOM SHELL MODIFICATION (CC38) For best fit, please send complete impression including second bend [] [(IV) Increase Vent [] [(DV) Decrease Vent [] [(FE) Feedback

□ R (BR) Broken□ R (OB) Occluded (Barrel sound)

☑ ® (TF) Tight Fit (Mark and include full new impression, see image)☑ ® (LF) Loose Fit

(Mark and include full new impression, see image)

☐ (AC) Add Canal Lock⁴

(Include full impression. N/A IIC.)

(HL) Add Helix Lock⁴
(Include full impression. N/A IIC.)

(Include full impression: N/A IIC.)

I R (SL) Add Skeleton Lock⁴
(Include full impression: N/A IIC.)

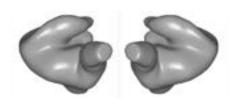
■ R Add Lacquer

□ ℝ Add Wax Option _____□ ℝ No Laquer (Beige, Cocoa and Clear only)

Canal lock will be the same color as the shell: Transparent, Pink, Brown, Cocoa and Tan only.







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

Submit your Service Order on Phonak Store: shop.phonakpro.com

4 Chargeable option for hearing instrument.

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.

S B R1 R2 L1 L2 PNK BLU YLW FLS GRN PRP WHT TRQ