

Date: _____	PO: _____
Payer: <input type="checkbox"/> ROES DALC-5120018626	Patient Name/Last 4: _____
<input type="checkbox"/> RACHAP (enclose payment) if paying with cc, please enclose RACHAP authorization form	Ship To Acct: _____
 <input type="checkbox"/> OTHER: _____	Address _____
Serial Number: _____	City/State: _____
R: _____ L: _____	Contact: _____
	Email: _____
	Phone: _____

Service Option

- ☐ 24-Hour Service (not guaranteed during holidays)

6 Month Flat Fee for Warranty & Repair [VA791-13-D-0037]

Applies to all chargeable repair orders

- ☐ ITE/BTE (\$130)
- ☐ RIC (\$135)
- ☐ Remote Control/Wireless Adaptors (\$59)
- ☐ Wireless Transmitter/Receiver (\$87)

12 Month Flat Fee For Warranty & Repair

Applies to all chargeable repair orders

- ☐ ITE/BTE (\$160)
- ☐ RIC (\$165)
- ☐ Remote Control/Wireless Adaptors (\$70)
- ☐ Wireless Transmitter/Receiver (\$125)

Circuit Repair & Modification

- | | | |
|--|--|--|
| <input type="checkbox"/> Dead | <input type="checkbox"/> Weak (not up to specs) | <input type="checkbox"/> Short range |
| <input type="checkbox"/> Intermittent (describe) | <input type="checkbox"/> Add option:
_____ | <input type="checkbox"/> No FM signal |
| <input type="checkbox"/> Distorted (describe) | <input type="checkbox"/> Delete option:
_____ | <input type="checkbox"/> Intermittent FM signal |
| <input type="checkbox"/> Fades | <input type="checkbox"/> Matrix change:
_____ | <input type="checkbox"/> DAI not functioning |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Clean & Test | <input type="checkbox"/> Model Change:
Only applicable during trial period and will be processed as a credit/rebill

Not allowed after trial period |
| <input type="checkbox"/> Excessive battery drain | | |
| <input type="checkbox"/> Internal feedback | | |
| <input type="checkbox"/> Wax related problem | | |

Case Defect

- ☐ Damaged Case
- ☐ Broken Battery Door

Defective Component

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Volume Control | <input type="checkbox"/> Audio Input |
| <input type="checkbox"/> Push Button/Switch | <input type="checkbox"/> Tcoil |
| <input type="checkbox"/> Battery Door | |

ITE/cShell Modifications*

- ☐ Increase Vent
 - ☐ Decrease Vent
 - ☐ Hurts
 - ☐ Feedback
 - ☐ Tight Fit (please mark)
 - ☐ Cracked/Broken
 - ☐ Occluded
 - ☐ Loose Fit
 - ☐ Add canal lock

*impression or digital scan must be included with shell modification requests.
Hearing aids must be included with all remakes

RIC Repairs

Replace RIC receiver ONLY

- ☐ Device Included
- ☐ Device NOT included

Notes/Description of Problem

Please list any additional items sent in with the unit

[illegible]

Please mark problem area

