

# REPAIR, REMAKE, AND RETURN FOR CREDIT FORM



Toll Free: 888-423-7834  
Fax: 877-582-5032

Date: _____	P.O.#: _____
<b>Ship To</b>	<b>Bill To</b>
Acct. No.: _____	Acct. No.: _____
Company Name: _____	Company Name: _____
Contact Name: _____	Contact Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Patient Name: \_\_\_\_\_

Right Serial #:

Left Serial #:

Out of Warranty Repairs:     Add Repair Warranty - 6 months     Add Repair Warranty - 12 months

**Repair:**

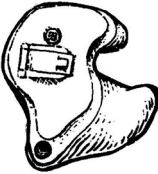

R	L		R	L	
<input type="checkbox"/>	<input type="checkbox"/>	Clean & Check	<input type="checkbox"/>	<input type="checkbox"/>	Dead
<input type="checkbox"/>	<input type="checkbox"/>	Wax System	<input type="checkbox"/>	<input type="checkbox"/>	Weak
<input type="checkbox"/>	<input type="checkbox"/>	Receiver Tube	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent
<input type="checkbox"/>	<input type="checkbox"/>	Will Not Program	<input type="checkbox"/>	<input type="checkbox"/>	Noise
<input type="checkbox"/>	<input type="checkbox"/>	Static	<input type="checkbox"/>	<input type="checkbox"/>	Telecoil
<input type="checkbox"/>	<input type="checkbox"/>	Volume Control	<input type="checkbox"/>	<input type="checkbox"/>	Distortion
<input type="checkbox"/>	<input type="checkbox"/>	Removal Cord	<input type="checkbox"/>	<input type="checkbox"/>	Fades
<input type="checkbox"/>	<input type="checkbox"/>	Name on Shell	<input type="checkbox"/>	<input type="checkbox"/>	Internal Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Add Softcoat	<input type="checkbox"/>	<input type="checkbox"/>	Switch Problem
<input type="checkbox"/>	<input type="checkbox"/>	Add Canal Lock	<input type="checkbox"/>	<input type="checkbox"/>	Battery Door/Contacts
<input type="checkbox"/>	<input type="checkbox"/>	BTE Earhook	<input type="checkbox"/>	<input type="checkbox"/>	Battery Drain
<input type="checkbox"/>	<input type="checkbox"/>	Modify Vent (please indicate *)	<input type="checkbox"/>	<input type="checkbox"/>	DAI Problem
<input type="checkbox"/>	<input type="checkbox"/>	Modify Shell (please indicate *)	<input type="checkbox"/>	<input type="checkbox"/>	Other (please Indicate *)

\* \_\_\_\_\_

**Remake:**

R	L		R	L	
<input type="checkbox"/>	<input type="checkbox"/>	Too Tight (as marked)	<input type="checkbox"/>	<input type="checkbox"/>	Decrease Vent
<input type="checkbox"/>	<input type="checkbox"/>	Too Loose (as marked)	<input type="checkbox"/>	<input type="checkbox"/>	Increase Vent
<input type="checkbox"/>	<input type="checkbox"/>	Shorten Canal	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Shell
<input type="checkbox"/>	<input type="checkbox"/>	Lengthen Canal	<input type="checkbox"/>	<input type="checkbox"/>	Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Other Fit Issue (please indicate*)	<input type="checkbox"/>	<input type="checkbox"/>	Aid Protrudes

\* \_\_\_\_\_

Ear Texture:  Soft     Normal     Rigid

**Return for Credit:** \*\*

Overstock                       Patient Decision

Product Quality

Please Explain: (required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This hearing aid was only worn by a prospective hearing aid user as part of a bona fide hearing evaluation in my presence.

Signed: \_\_\_\_\_

Hearing Care Professional

\*\*When returning an accessory for credit, you must include a copy of the original invoice.

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

**Please call to discuss**

**Shipping Overnight** (standard)

**Rush** (additional charge)

48 hours     24 hours: from date of receipt

For Manufacturing Use Only

**Manufacturing Use Only**

<b>KEY PROCESS STEP</b>	<b>DATE</b>	<b>OPERATOR NUMBER</b>	<b>DATE</b>	<b>OPERATOR NUMBER</b>
MAIL OPENING				
ORDER ENTRY				
FACEPLATE ISSUED				
FIRST CAST				
IMPRESSION DETAIL				
SECOND CAST				
POURING SHELL				
VENTING				
SERIAL # MARKING				
SOFT COAT				
CANAL LOCK				
SHELL LEVELING				
TROUBLESHOOTING				
PLANNING AND CASING				
WIRING				
CUT & BUFF				
CLEAN & FINAL				
ACTS CALIBRATION				
FINAL QA				
PACKOUT				
SHIPPING				

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