

Step 1 Ship to

- Rush 24 Hour Rush (additional charge)
 48 Hour Rush (additional charge)

Ship to account number _____

Account name _____

Address _____

City _____ State _____ Zip code _____

Third party bill to _____

Purchase order number _____

Medicaid number _____

Contact information

Date _____

Contact name _____

Email _____

Step 2 Patient information

First _____ Adult

Last _____ Pediatric (10 & under)

Model: _____

Serial number: _____

Step 3 Type of service

- In warranty
 Out of warranty (check box below)
 6-month warranty (standard)
 12 month warranty
 Over 5 years old (dependent upon part availability) - 6 month warranty only -extra charges apply
 1-time courtesy replacement (loss or damage) - normal processing fee will apply

If RIC or Slim Tube required:

Receiver Type: xS xP

Receiver/Slim Tube Length: 0 1 2 3

Receiver/Slim Tube Side: Left Right

Rechargeable: Yes No

Step 4 Service info

Broken/Damaged

- Battery Door
- Faceplate
- Hinge pin
- Mic screen
- Push button
- Removal string
- Switch
- Volume control
- Wax system

Not Functioning

- Dead
- High battery drain
- Intermittent
- Push button
- T-coil
- Unable to program
- VC

Sound Quality

- Distorted
- Internal feedback (not poor fit)
- Noise
- Static
- Weak

Step 5 Custom options

Remake/Modification

(New impression required for shell modifications;additional charges may apply)

- Acoustic feedback
- Broken lock
- Broken shell
- Canal too long
- Canal too short
- Change receiver
- Decrease vent size
- Increase vent size
- Occlusion
- Protrusion
- Shell too loose
- Shell too tight (indicate location)

Modification

- Canal lock (same color as shell)
- Helix lock (same color as shell)
- Add options _____
- Remove options _____

Step 6 Special instructions