

EARMOLD REMAKE ORDER FORM

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:
ADDRESS:

CONTACT:
PHONE: EMAIL:

REFERENCE NUMBER: DATE:
P.O. NO. CHECK NO. AMOUNT

REPAIR REMAKE RETURN OF ORIGINAL MOLD

SHIP TO: ACCOUNT NUMBER:
ADDRESS:

CONTACT:
PHONE: EMAIL:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY, REFER TO THE PRICING & POLICIES BOOKLET)
 SAME-DAY SERVICE ONE-DAY SERVICE
PRICES SUBJECT TO CHANGE. INTERNATIONAL PRICES MAY DIFFER.

WARRANTY: WILL BE VERIFIED UPON RECEIPT, CHARGES WILL APPLY IF OUT OF WARRANTY. PLEASE CALL CUSTOMER SERVICE OR CHECK STARKEYPRO.COM FOR WARRANTY DATES.

STEP 2 - PATIENT (FILL OUT PATIENT'S NAME, DOB/AGE AND DATE)

FIRST NAME LAST NAME PATIENT DOB/AGE DATE
HEARING AID HISTORY
SERIAL NUMBER RECEIVER SERIAL NUMBER GAIN/STYLE

LEFT
RIGHT

AUDIOGRAM INFORMATION
MCL L: MCL R: UCL L: UCL R:
500KHZ: 1KHZ: 2KHZ: 3KHZ: 4KHZ:

STEP 3 - PRODUCT NOTE: FIT RELATED ISSUES REQUIRE NEW IMPRESSIONS

REMAKE OR SHELL MODIFICATION
 ADD CANAL LOCK (NEED NEW IMPRESSIONS) INCREASE VENT
 LOOSE PROTRUDES
 DECREASE VENT TIGHT

SPECIAL INSTRUCTIONS

PLEASE MARK PROBLEM AREA ON DEVICE OR IMPRESSION

PATIENT COMMENTS:



DO NOT WRITE HERE
FACTORY USE ONLY

(NOTE: PLEASE SEND NEW IMPRESSIONS FOR BEST RESULTS)