

EARMOLD REMAKE ORDER FORM

HIGHLIGHTED / BLUE AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:
ADDRESS:

SHIP TO: ACCOUNT NUMBER:
ADDRESS:

CONTACT: PHONE:
EMAIL: FAX:

CONTACT: PHONE:
EMAIL: FAX:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE \$21.79 ONE-DAY SERVICE \$10.89

REPAIR, REMAKE, OR RETURN OPTIONS

REPAIR REMAKE RETURN FOR CREDIT

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

USER INFORMATION

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

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

REMAKE OR MODIFICATION OPTIONS

- ADD CANAL LOCK (NEED NEW IMPRESSIONS)
- DECREASE VENT
- INCREASE VENT
- PROTRUDES
- FEEDBACK (NEED NEW IMPRESSIONS)
- HURTS (INDICATE WHERE ON EARMOLD OR IMPRESSION)
- TOO TIGHT IN EAR (INDICATE WHERE ON EARMOLD OR IMPRESSION)
- LENGTHEN CANAL
- SHORTEN CANAL
- SLIPPING OUT (NEED NEW IMPRESSIONS)

SPECIAL INSTRUCTIONS OR REASON FOR CREDIT RETURN:



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)