

Service Order Form

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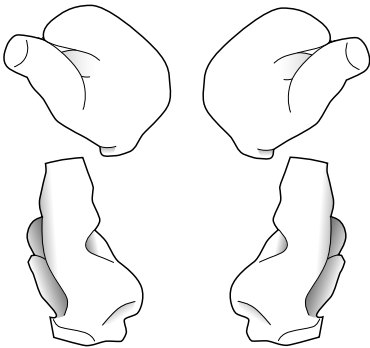
RUSH ORDER:

48 hours in-house & next day delivery
(charge applies)

Your Information	Step 1: Ship to Information				Step 2: Patient Information											
	Ship to Account:				First Name:											
	Account Name:				Last Name:											
	Address:				Age:											
					Medicaid #:											
	City:		State:		Mailing Instructions 1. Be sure Lithium-ion Batteries are locked in battery drawer of hearing device. 2. Never return loose Lithium-ion Batteries back to Bernafon for any reason. 3. Affix Non-Restricted Lithium-ion Battery labels to the shipping label. Request these labels from Bernafon. For SmartCharger only: Shipping kits with special, required return shipment labels and instructions must be used for all SmartCharger returns. These kits can be requested from Customer Service at 888.941.4203. Shipping requirements and labels will vary, depending on whether the return includes hearing aids.											
	Zip:															
	Phone #:															
	Contact Name:															
	Email (required):															
Bill to Account: 6001400																
Date:		Fitting Date:														
Purchase Order #:																

Product	<input type="checkbox"/> Hearing Aid		<input type="checkbox"/> Speaker		<input type="checkbox"/> Accessory	
	Model:	Model:	Size:	<input type="checkbox"/> L <input type="checkbox"/> R	Serial #:	
	Style:	Style:	Speaker Fit to Model Below (required)		Mold	
	Serial #:	Serial #:	Model:	Model:	Serial #:	
			Serial #:	Serial #:	Serial #:	

Repairs	Not Functioning	Broken or Damaged	Sound Quality	Wireless Accessory
	<input type="checkbox"/> Dead (D3) <input type="checkbox"/> Programming Difficulty (D16) <input type="checkbox"/> Intermittent (D4) <input type="checkbox"/> Battery Drain (D8) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> T-Coil (D9) <input type="checkbox"/> Moisture (D47) <input type="checkbox"/> Corrosion (D60) <input type="checkbox"/> Aids Don't Coordinate (D25) <input type="checkbox"/> Speaker Defective (D37)	<input type="checkbox"/> Battery Door (D12) <input type="checkbox"/> Removal String (D24) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> Wax System (D22) <input type="checkbox"/> Ear Hook (M20) <input type="checkbox"/> Speaker Loose (D36)	<input type="checkbox"/> Weak (D1) <input type="checkbox"/> Noisy/Static (D2) <input type="checkbox"/> Distortion (D6) <input type="checkbox"/> Internal Feedback (D7) (not poor fit) <input type="checkbox"/> Clean and Check (D34) <input type="checkbox"/> Diagnose and Call (D49) Rechargeable Hearing Aids <input type="checkbox"/> Unable to Charge - Hearing Aid (D82) <input type="checkbox"/> Defective Rechargeable Battery (D83) <input type="checkbox"/> Defective Rechargeable Battery Door (D84) <input type="checkbox"/> Defective Charger (D85) <input type="checkbox"/> Defective AC Adapter (D86)	<input type="checkbox"/> Accessory Not Pairing (D72) <input type="checkbox"/> Accessory Intermittent (D73) <input type="checkbox"/> Unable to Charge (D39) <input type="checkbox"/> Accessory Not Communicating with the Aid (D23) <input type="checkbox"/> LED Light Not Working (D88)

Remake Modifications	<input type="checkbox"/> Too Tight (H1) <input type="checkbox"/> Too Loose (H2) <input type="checkbox"/> Acoustic Feedback (H5) <input type="checkbox"/> Occlusion (H27) <input type="checkbox"/> Hurts Ear (H6)* <input type="checkbox"/> Taper Canal (D66) <input type="checkbox"/> Canal Too Short (H3) <input type="checkbox"/> Canal Too Long (H4) <input type="checkbox"/> Shell Damaged (D10) <input type="checkbox"/> Too Conspicuous (H7)** <input type="checkbox"/> Enlarge Vent (H10) <input type="checkbox"/> Reduce Vent (H11) <input type="checkbox"/> Change/Add/Remove Options	<div><div>Right</div><div>Left</div><div></div><div>*Please indicate areas to be modified</div></div>	<div>Warranty Options</div> <div><input type="checkbox"/> Under Warranty - Invoice # _____ <input type="checkbox"/> Out of Warranty - Issue 6 month warranty <input type="checkbox"/> Out of Warranty - Issue 12 month repair warranty* <input type="checkbox"/> Call with Estimate</div> <div>*Aids older than 5 years do not qualify</div> <div>If including check with order, please complete:</div> <div>Check #: _____ Amt.: _____</div> <div>Special Instructions:</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>**Please include pictures when possible. Impression will be destroyed unless otherwise requested</div>
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