



Government Standard Product Repair Form

Date _____

Patient Last Name _____ First Name _____ Last 4 Digits of SSN _____

REPAIR RETURN FOR CREDIT COLOR EXCHANGE RECEIVER REPLACEMENT LOSS AND DAMAGE

Make and Model _____

Left Serial Number _____ Right Serial Number _____

Left Receiver Serial Number _____ Right Receiver Serial Number _____

USER INFORMATION

MCL _____ UCL _____
500Hz _____ 1KHz _____ 2KHz _____ 3KHz _____ 4KHz _____

ACCESSORY AND REASON FOR SERVICE

REASON FOR SERVICE

- Dead Noisy Feedback
- Fades Weak Intermittent
- Distorted Tinny Broken Battery Door
- Damaged Case Excessive Battery Drain
- AP Receiver Length: Change to _____
- Other _____

SPECIAL INSTRUCTIONS

SERVICE PLAN

- Standard six-month repair warranty
- Additional six-month warranty option
Note: additional charge will apply

Warranty will be verified upon receipt. Please refer to current Government Repair Price List for details, or contact Customer Service.

BILL TO: Account Number _____
 Facility _____
 Address _____
 Phone _____ Fax _____
 Email _____
 Contact _____
 P.O. No _____ Amount _____

SHIP TO: Account Number _____
 Facility _____
 Address _____
 Phone _____ Fax _____
 Email _____
 Contact _____

AMEX Discover Master Card Visa Money Order

Name on Card _____ Expiration _____
Credit Card Number _____ Credit Card Security Code _____

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Starkey Government Services
6700 Washington Avenue South, Eden Prairie, MN 55344
FAX: 952-828-6974 **VOICE:** 866-418-6928
Contract # 36C79118D0022



Government Custom Product Repair Form

Date _____

Patient Last Name _____ First Name _____ Last 4 Digits of SSN _____

- REMAKE
 REPAIR
 RETURN FOR CREDIT
 LOSS AND DAMAGE

Make and Model _____

Left Serial Number _____ Right Serial Number _____

USER INFORMATION

MCL _____ UCL _____
 500Hz _____ 1KHz _____ 2KHz _____ 3KHz _____ 4KHz _____

REASON FOR SERVICE

- Dead Intermittent
 Fades Tinny
 Weak Noisy
 Distortion Change Matrix to _____
 Excessive Battery Drain
 Other _____

SERVICE PLAN

- Standard six-month repair warranty
 Additional six-month warranty option
Note: additional charge will apply

Warranty will be verified upon receipt. Please refer to current Government Repair Price List for details, or contact Customer Service.

SHELL MODIFICATION

- Hurts Where Marked Too Tight (Need new impressions)
 Loose Fit (Need new impressions) Shorten Canal (Need new impressions)
 Problem Areas Marked (Mark impressions) Decrease Vent
 Increase Vent Add or Remove Option _____
 Other _____

SPECIAL INSTRUCTIONS

BILL TO: Account Number _____
 Facility _____
 Address _____
 Phone _____ Fax _____
 Email _____
 Contact _____
 P.O. No _____ Amount _____

SHIP TO: Account Number _____
 Facility _____
 Address _____
 Phone _____ Fax _____
 Email _____
 Contact _____

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- AMEX
 Discover
 Master Card
 Visa
 Money Order

Name on Card _____ Expiration _____

Credit Card Number _____ Credit Card Security Code _____

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