

# Return For Credit Request Form

For new instruments 90 days from sales invoice

## Ship To Information

Customer Number:

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(Please complete all information including name & phone number)

Phone #:( ) \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Bill To Information

Bill To Number:

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## Fitter's Information

Today's Date: \_\_\_\_\_ Fitting Date: \_\_\_\_\_

Fitter's Name: \_\_\_\_\_

Fitter's E-mail: \_\_\_\_\_

## Patient Information

First Name:

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Middle Initial:

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Age:

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Last Name:

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## Hearing Aid

Model:

L: \_\_\_\_\_ R: \_\_\_\_\_

Style:

L: \_\_\_\_\_ R: \_\_\_\_\_

Serial Number:

L: \_\_\_\_\_ R: \_\_\_\_\_

## Speaker Description

Size: \_\_\_\_\_ Amt.: \_\_\_\_\_ Ear: \_\_\_\_\_ Power: \_\_\_\_\_ Intiga: \_\_\_\_\_

Size: \_\_\_\_\_ Amt.: \_\_\_\_\_ Ear: \_\_\_\_\_ Power: \_\_\_\_\_ Intiga: \_\_\_\_\_

Size: \_\_\_\_\_ Amt.: \_\_\_\_\_ Ear: \_\_\_\_\_ Power: \_\_\_\_\_ Intiga: \_\_\_\_\_

Size: \_\_\_\_\_ Amt.: \_\_\_\_\_ Ear: \_\_\_\_\_ Power: \_\_\_\_\_ Intiga: \_\_\_\_\_

## Mold

Serial Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

## ConnectLine™

Streamer:

Serial Number: \_\_\_\_\_

TV:

Serial Number: \_\_\_\_\_

Phone:

Serial Number: \_\_\_\_\_

Mic:

Serial Number: \_\_\_\_\_

## Please indicate reason for return:

### User /Dispenser Motivation:

- ☐ Excess stock (56)
- ☐ Patient would not pay for device (1)
- ☐ Patient did not return for fitting (2)
- ☐ Deceased/ill (6)
- ☐ Patient could not manipulate devices (9)
- ☐ No benefit experienced (26)
- ☐ No benefit experienced second device (5)
- ☐ Patient poor candidate for this model (34)
- ☐ Replacement product received, item returned (35)

### Instrument Defect:

- ☐ Dead on arrival (20)
- ☐ Intermittent (21)
- ☐ Controls inoperative (22)
- ☐ Feedback (23)
- ☐ Battery drain (24)
- ☐ Programming difficulties (51)
- ☐ Repair was not satisfactory (32)

### Patient Resolution:

- ☐ Patient fit with another Oticon model (4) \_\_\_\_\_
- ☐ Instrument selected from another vendor (93)

### Physical Fit:

- ☐ Caused physical discomfort (8)
- ☐ Too conspicuous (10)
- ☐ Too tight (11)
- ☐ Too loose (12)
- ☐ Multiple remakes (62)
- ☐ Poor retention (33)

### Sound Quality:

- ☐ Too sharp (13)
- ☐ Too much background noise (15)
- ☐ Poor intelligibility (16)
- ☐ Hollow (barrel sound) (17)
- ☐ Too weak (18)
- ☐ Too much amplification (19)
- ☐ Occlusion (29)

Comments: \_\_\_\_\_