

# Phonak Service Form

## Step 1: Customer Information

Shipping to Account Number: \_\_\_\_\_

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

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

Billing Account Number: \_\_\_\_\_

Repair Date: \_\_\_\_\_

## Step 2: General Information

Clinic Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Patient: \_\_\_\_\_

**Patient is under 21 years of age (check box if yes)** ☐

Third Party Patient Number: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Phone number required for shipping directly to patient or school. We're unable to ship to a P.O. Box. Additional charge for shipping directly to the patient. If the patient's settings cannot be restored we will ship back to the sender.

## Step 5: Reason for Service

- ☐ Dead
- ☐ Clean and functional check
- ☐ High battery drain
- ☐ Device will not charge
- ☐ Intermittent
- ☐ Weak
- ☐ Broken receiver
- ☐ Wax system broken
- ☐ Distorted
- ☐ Noisy – static / hissing
- ☐ Housing change (color): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## Step 7: Notes, description of problem, items sent with repair

## Step 3: Device Information

Serial Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Hearing instrument is not included in this repair

**Is a Roger receiver installed in the device?**

☐ Yes ☐ No

## Step 4: Service Plan Options

☐ **24-Hour Service Option [Rush24]** \$64.99; 24-hour service is not guaranteed during holidays; additional fee applies

**Warranty** (see Phonak Price & Reference Guide for costs):

- ☐ In-warranty ☐ Over 5 years
- ☐ 6m warranty and repair ☐ Remake – additional charge
- ☐ 12m warranty and repair

## Step 6: Reason for Remake

- ☐ Broken – shell
- ☐ Broken – lock
- ☐ Request – change vent size
- ☐ Fit – too loose / moving in the ear
- ☐ Fit – shell too tight
- ☐ Fit – too loose / poor retention
- ☐ Fit – too big
- ☐ Fit – shell protruding / cosmetics
- ☐ Fit – hurts where marked
- ☐ Fit – shell tip too short

**NOTE: Please mark impressions/hearing aid as needed**