

# EARMOLD REMAKE ORDER FORM

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER: 

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ADDRESS: 

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CONTACT:   
PHONE: EMAIL:

REFERENCE NUMBER DATE

P.O. NO. CHECK NO. AMOUNT

REPAIR REMAKE RETURN OF ORIGINAL MOLD

**SHIP TO:** ACCOUNT NUMBER: 

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ADDRESS: 

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CONTACT:   
PHONE: EMAIL:

### SERVICE OPTIONS (CHARGES ARE PER HEARING DEVICE)

SAME-DAY SERVICE \$19.99  ONE-DAY SERVICE \$9.99

**WARRANTY:** WILL BE VERIFIED UPON RECEIPT, CHARGES WILL APPLY IF OUT OF WARRANTY. PLEASE CALL CUSTOMER SERVICE OR CHECK STARKEYPRO.COM 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 - PRODUCT NOTE: FIT RELATED ISSUES REQUIRE NEW IMPRESSIONS

### REMAKE OR SHELL MODIFICATION

- ADD CANAL LOCK (NEED NEW IMPRESSIONS)  INCREASE VENT  
 LOOSE  PROTRUDES  
 DECREASE VENT  TIGHT

### PLEASE MARK PROBLEM AREA ON DEVICE OR IMPRESSION

PATIENT COMMENTS:

(NOTE: PLEASE SEND NEW IMPRESSIONS FOR BEST RESULTS)

### SPECIAL INSTRUCTIONS OR REASON FOR CREDIT RETURN:



DO NOT WRITE HERE  
FACTORY USE ONLY