ReSound GN

RETURN FOR CREDIT FORM

1.800.248.4327 FAX 1.800.528.2522

SHIP TO Acc't #:

Office:

Address:

Address:

City/State:

Zip:

P.O.

3rd Party Bill-to (if applicable):

1 CONTACT INFORMATION:

Date: Office phone:

Office contact:

2 PATIENT DATA:

Patient's name:

LAST:

FIRST:

3 SERIAL NUMBER INFORMATION:

Hearing instruments returned:

SN: Model:

SN: Model:

Accessories returned (please attach copy of original invoice):

SN: Model:

SN: Model:

SN: Model:

4 REASON(S) FOR RETURN (Please check all that apply):

Value related:

- Price did not justify benefit
- Financial
- Preferred old device
- Preferred ReSound BTE
- Preferred ReSound ITE
- Preferred competitor's model

User related:

- Could not adjust to amplification
- Did not benefit
- Illness/death

Product related:

- Sound quality unacceptable
- Could not hear in noise
- Feedback
- Reliability
- Occlusion
- Poor fit
- Cosmetically unacceptable

Administrative:

- Ordered wrong device
- Received wrong device
- Patient canceled

Exchange status (if applicable):

- Exchange has been made
- Please coordinate exchange

5 OTHER REASON(S) OR RETURN DETAILS:

(PLEASE PRINT CLEARLY)