Phonak Service Form



			1116130	
Step 1: Customer Information		Step 2: Device Info	ormation	
Ship To Account Number:	Date:	Device Model/Serial Nu	umber:	
Address:		☐ Receiver (must a	ccompany device) size/side (0–3, L/R):	
City: State:	Zip:	□ SlimTube (if inclu	☐ SlimTube (if included) size/side included (00–3, L/R):	
Bill To Account Number:		□ Ear hook color:		
Address:		Custom Ear Piece Mod	el/Serial Number:	
City: State:	Zip:		ent is not included in this repair	
Patient Name:	Ξ.φ.		terres not included in this repuir	
Patient is under 21 years of age (Check box if yes)	Complete Step 3	Step 3: RogerDirect	t™ Installation Information	
Third Party Patient Number:			d in the Paradise/Marvel device? □ Yes □ No	
Purchase Order Number:			If yes, please select the install method:	
Contact Name:			□ Roger X (02) — Pediatric	
Phone Number:		☐ Roger iN Microphone or Roger X (03) — Home/Work/University		
Phone number required for shipping directly to patient or school. We're unable to	ship to a P.O. Box. Additional charge			
Shipping & Handling Options*	,		,	
	(40100)	ПоВ : В (фос	(A10.00)	
□ Next Morning (\$32.99) □ Next Aft *Based on location and courier	ernoon (\$21.99)	☐ 2 Business Days (\$20	0.99) □ 3–5 Business Days (\$19.99)	
Step 4: Service Plan Options Prices subject to change □ 24-Hour Service Option [Rush24] 24-hour service is no				
•				
			harges will apply. Out of Warranty cShell & SlimTip will be a chargeable new orde g and handling applies to all chargeable repair orders.	
DEVICES LESS THAN 5 YEARS POST INVOICE DATE: 6 MONTH WARRANTY ☐ Hearing Instruments/Phonak CROS¹/ Roger/FM ☐ Wireless Accessories ☐ RemoteMic/TVLink ☐ ITE Remake²	DEVICES LESS THAN 5 YEARS POST INVOICE DATE: 12 MONTH WARRANTY Hearing Instruments/Phonak CROS¹/ Roger/FM Wireless Accessories RemoteMic/TVLink ITE Remake² (In addition to a service plan, for same model and patient only)		DEVICES MORE THAN 5 YEARS POST INVOICE DATE: UP TO 6 MONTH WARRANTY (or until end of service date) Hearing Instruments/Phonak CROS¹/ Roger/FM Wireless Accessories RemoteMic/TVLink ITE Remake² (In addition to a service plan, for same model and patient only) TAMPER-PROOFING (BTE ONLY) Roger integrated receivers Roger integrated freceivers Rog	
(In addition to a service plan, for same model and patient only) Step 5: Reason for Service				
CUSTOMER REQUEST (CC40 / CC38 / CC39) B Add/remove/change option ³ (please specify your request in comments field) Change color to:	CONNECTIVITY (CC10) □ R FM / Roger □ R Wireless / Bluetooth □ R CROS □ R Programming problem (HI ←→ Software) □ R Telecoil ACOUSTIC RESPONSE (CC11) □ R Occlusion □ R Feedback: Internal (not poor fit) □ R Feedback: Venting diameter too large □ R Feedback: Due to shell fit / Not airtight □ R Feedback: With jaw movement □ R Noisy: Crackling / Popcorn □ R Noisy: Static / hissing □ R Acoustic response too weak □ R Acoustic response too weak □ R Acoustic response too weak after feedback test □ R Intermittent □ R Sound fades in/out □ R Distorted □ R Poor acoustic performances			
RESIDUES (CC17) R Wax problem R Sweat, moisture, humidity				
SERVICE (CC14) I R Clean & functional check				
HARDWARE / COMPONENTS NOT FUNCTIONING (CC10) I R Toggle switch I R Push button I R Volume control I R Dead I R Display (accessories)				
Battery:				

Step 3 for RogerDirect if applicable) (CC10UU)

(e.g. venting too large)

¹ Please return the Phonak CROS transmitter and hearing instrument for repair for a full evaluation.

² Remake charges will apply to out of warranty custom hearing instruments with cracks, holes, missing shell and remakes requested for fit issues. Model Change not available if out of trial period.
3 See Price and Reference Guide for chargeable options.

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Step 6: Remake Information

Hearing aids, cShells and SlimTips must be included with all remakes.

SHELL FIT (CC23)

- Too big protruding / cosmetics
- Canal too long
- Canal too short
- R Too loose / poor retention
- Too loose / moving in the ear
- $\ \square \ \mathbb{R} \ \mathsf{Too} \ \mathsf{small} \mathsf{dexterity} \ \mathsf{problem}$
- R Difficult to insert
- B Difficult to remove
- R Too tight
- Sound bore direction

HURTS WHERE MARKED

- Shell
- R Lock
- With static jaw
- With moving jaw
- By inserting / removing device

CUSTOM SHELL MODIFICATION (CC38)

For best fit, please send complete impression including second bend

- (DV) Decrease Vent
- (BR) Broken
- □ R (OB) Occluded (Barrel sound)
- □ ℝ (TF) Tight Fit

(Mark and include full new impression, see image)

(Mark and include full new impression, see image)

- (Include full impression. N/A IIC.)
- (Include full impression. N/A IIC.)
- (Include full impression. N/A IIC.)
- □ R (SC) Add Soft Coat⁴
- R Add Lacquer
- Add Wax Option ____
- No Laquer (Beige, Cocoa and Clear only)

Canal lock will be the same color as the shell: Transparent, Pink, Brown, Cocoa and Tan only.

PLEASE MARK THE PROBLEM AREA







Notes, Description of Problem, Items Sent with Repair:

☐ Please call before repairing

Submit your Service Order on Phonak Store: myPhonakStore.com

4 Chargeable option for hearing instrument.

Sonova USA Inc. is not responsible and assumes no liability for any non-Phonak manufactured device or accessory sent by you to Phonak. Please ensure that you only include Phonak devices and accessories herein.

To view our Repair Terms and Conditions visit: https://www.phonak.com/en-us/terms-and-conditions/repair-services

S B R1 R2 L1 L2 PNK BLU YLW FLS GRN PRP WHT TRQ

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