

OGA Phonak Government Services

One-Time Earmold Remake

(36C79125D0007)



Government Services | Phone 888-561-7555 | Fax 630-836-9770

| | |
|--|----------------------------|
| Date: _____ | PO: _____ |
| Payer: <input type="checkbox"/> ROES DALC-5120018626 <input type="checkbox"/> RACHAP <input type="checkbox"/> Other: _____ | Patient Name/Last 4: _____ |
| Serial Number: _____ | Ship To Acct: _____ |
| R: _____ L: _____ | Address: _____ |
| | City/State: _____ |
| | Contact: _____ |
| | Email: _____ |
| | Phone: _____ |

☐ **Requesting Left Ear Earmold Remake**

Describe reason for remake

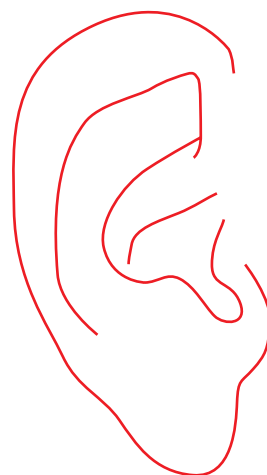
Mark problem areas



☐ **Requesting Right Ear Earmold Remake**

Describe reason for remake

Mark problem areas



This form may be faxed to Phonak to request a one-time remake of an earmold due to poor fit within the trial period of 180 days after invoicing. Model change requests are not permitted.