

OGA Phonak Government Services

One-Time Earmold Remake

(36C79125D0007)

PHONAK
life is on

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

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

Requesting Left Ear Earmold Remake

Describe reason for remake

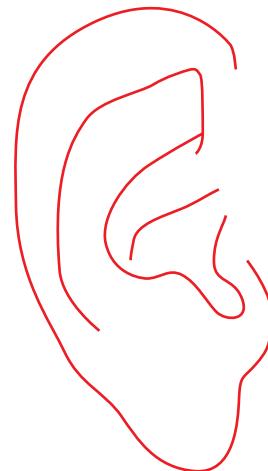
Mark problem areas



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.