

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM Year

Rush order in 48h PO#:  
 (\$40.00 charge)

Attention to  
 (at Phonak): \_\_\_\_\_

SHIP TO

BILL TO

**Ship to Account Number:**

Phone#: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name (Audiologist/dispenser): \_\_\_\_\_

**Bill to Account Number:**

Phone#: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**User Information**

User Name: Last                       
(Please Print)  
 First                       
 Claim Type:  VAC/RCMP/DND  HC (NIHB)  REGIE  CSST  
 WSIB (ON)  WorkSafe BC  WHSCC (NL)  
 Eastern Health  
 Other: \_\_\_\_\_  
(Please Specify)

Claim # (Required): \_\_\_\_\_

**Hearing Instrument Information**

Model: \_\_\_\_\_  
 Serial # L: \_\_\_\_\_  
 Serial # R: \_\_\_\_\_  
 Other Serial #: \_\_\_\_\_  
 Lost / damaged

**Service Required:** (\$=charges may apply)

Repair	Remake (impression required)
<p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Aid is DEAD</p> <p><input type="checkbox"/> <input type="checkbox"/> Noisy/Hissing</p> <p><input type="checkbox"/> <input type="checkbox"/> Distorted</p> <p><input type="checkbox"/> <input type="checkbox"/> Intermittent</p> <p><input type="checkbox"/> <input type="checkbox"/> Weak / Out of specs.</p> <p><input type="checkbox"/> <input type="checkbox"/> Internal Feedback</p> <p><input type="checkbox"/> <input type="checkbox"/> High battery drain</p> <p><input type="checkbox"/> <input type="checkbox"/> Prog./connection problem</p> <p><input type="checkbox"/> <input type="checkbox"/> Battery door/housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Clean &amp; check</p> <p><input type="checkbox"/> <input type="checkbox"/> Defective Mic</p> <p><input type="checkbox"/> <input type="checkbox"/> Beeping Sound</p> <p><input type="checkbox"/> <input type="checkbox"/> Program switch:  <input type="radio"/> Defective <input type="radio"/> Add <input type="radio"/> Remove</p> <p><input type="checkbox"/> <input type="checkbox"/> Volume Control:  <input type="radio"/> Defective <input type="radio"/> Add <input type="radio"/> Remove</p> <p><input type="checkbox"/> <input type="checkbox"/> Telecoil Defective</p> <p><input type="checkbox"/> <input type="checkbox"/> Vent size  <input type="radio"/> Increase <input type="radio"/> Decrease</p> <p><input type="checkbox"/> <input type="checkbox"/> Retention problem:  <input type="radio"/> Add soft coat  <input type="radio"/> Add Canal/Helix lock  <input type="radio"/> Add Skeleton lock</p> <p><input type="checkbox"/> <input type="checkbox"/> xReceiver Defective</p> <p><input type="checkbox"/> <input type="checkbox"/> SlimTip/FlexFit Broken</p> <p><input type="checkbox"/> <input type="checkbox"/> Change model to:  <small>(please specify)</small> _____</p> <p><input type="checkbox"/> <input type="checkbox"/> BTE change housing to:  <small>(specify colour)</small> _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Charging problem</p> <p><input type="checkbox"/> <input type="checkbox"/> Other - see comments</p>	<p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Shell Fit  <input type="radio"/> Too loose <input type="radio"/> Too tight</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal length  <input type="radio"/> Too long <input type="radio"/> Too short</p> <p><input type="checkbox"/> <input type="checkbox"/> Protrudes where marked</p> <p><input type="checkbox"/> <input type="checkbox"/> Hurts where marked</p> <p><input type="checkbox"/> <input type="checkbox"/> Occlusion</p> <p><input type="checkbox"/> <input type="checkbox"/> Feedback</p> <p><input type="checkbox"/> <input type="checkbox"/> Damaged/Cracked shell</p> <p><input type="checkbox"/> <input type="checkbox"/> Change Shell Style to:  <input type="radio"/> nano <input type="radio"/> CIC  <input type="radio"/> MiniCanal <input type="radio"/> ITC  <input type="radio"/> Half shell <input type="radio"/> Full shell</p> <p><input type="checkbox"/> <input type="checkbox"/> Change Battery Size to: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Change Receiver Size to: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Change Shell Colour to: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Allergic Reaction</p> <p><input type="checkbox"/> <input type="checkbox"/> Other - see comments</p> <p><b>Roger Products</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Roger - Trans. no signal</p> <p><input type="checkbox"/> <input type="checkbox"/> Roger - Rec. no signal</p> <p><input type="checkbox"/> <input type="checkbox"/> Roger - Trans. intermittent</p> <p><input type="checkbox"/> <input type="checkbox"/> Roger - Rec. intermittent</p> <p><input type="checkbox"/> <input type="checkbox"/> Other - see comments</p> <p><b>FM Products</b></p> <p><input type="checkbox"/> <input type="checkbox"/> FM - Trans. no signal</p> <p><input type="checkbox"/> <input type="checkbox"/> FM - Rec. no signal</p> <p><input type="checkbox"/> <input type="checkbox"/> FM - Trans. intermittent</p> <p><input type="checkbox"/> <input type="checkbox"/> FM - Rec. intermittent</p> <p><input type="checkbox"/> <input type="checkbox"/> Other - see comments</p> <p><b>Wireless Communication Portfolio</b></p> <p><input type="checkbox"/> Remote/Accessories Defective</p> <p><input type="checkbox"/> Battery Replacement</p> <p><input type="checkbox"/> DECT Phone Battery Replacement (\$25, no warranty)</p> <p><input type="checkbox"/> Other - see comments</p>

**Receiver Information**

Receiver Serial #: \_\_\_\_\_  
 Receiver Owned By:  
 End User  
 School Board: \_\_\_\_\_

**Flat Rate Service Fees Out of Warranty Repairs (Private Pay Only)**

Product Class	6 Month Warranty *std.	12 Month Warranty
Hearing Instrument (under 5 years old)	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$250.00
Phonak CROS	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$250.00
Excessive Damage (on top of repair charges)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$200.00
Remote Control	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$150.00
ComPilot	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$150.00
MyPilot	<input type="checkbox"/> \$220.00	<input type="checkbox"/> N/A
Roger Transmitter	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$179.00
Roger Receiver	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$179.00
FM Transmitter	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$179.00
FM Receiver	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$179.00
Shell Remake	<input type="checkbox"/> \$249.00	<input type="checkbox"/> N/A
SlimTip, cShell and CROS Tip	<input type="checkbox"/> \$65.00	<input type="checkbox"/> N/A

**Accessories Sent with Unit:**

Presentation Case  Back Pack  Pouch

Earmold  Comparison Aid  Roger

Audio Shoes  Cords  Mini Mic

iLapel Mic  Boom Mic  MiniControl

Power Adapter/Charger  Antenna  Belt Clip

xReceiver  Hard Case

Other items \_\_\_\_\_

**Please detail/comment:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_