## School FM/BTE Service Form

Customer information
Purchase Order number:
Date:
Contact name:
Phone:
Email:

Shipping Ct Handling Options*
$\square$ Next Morning (\$32.99) $\quad \square$ Next Afternoon (\$21.99)

Ship To account
Account \#:
School name:
ATTN:
Address:
City:
State:
Zip:
p:

Bill To account:
Account \#:
School name:
ATTN:
Address:
City:
State:
Zip:

Shipping \&t handling applies to all chargeable repair orders.

* Based on location and courier

RogerDirect ${ }^{\text {TM }}$ installation information

| Is RogerDirect installed in the Marvel device? | $\square$ Yes $\quad \square$ No |
| :--- | :--- |
| If yes, please select the install method: | $\square$ Roger X (02) - Pediatric |
|  | $\square \operatorname{Roger} X(03)$ - Adult |

Standard repair
$\square$ In warranty
$\square$ Out of warranty Please include copy of repair Purchase Order
$\square$ Annual service:___ $I_{\text {______ Required date for delivery }}$

| Model | Serial Number* |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |

*Please check units upon return for change of serial \# due to pin change, recasing or unit replacement
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.
Email inquiries to schoolhelpdesk@phonak.com | Ship to: 444 North Commerce Street, Aurora, IL 60504
Phonak School Help Desk | 750 North Commons Drive | Aurora, IL 60504 | Tel: 888-777-7316 | Fax: 630-393-9816

