Phonak Service Form



Step 1: Customer Information	Ste	ep 2: Device Infor	mation
Ship To Account Number: Date:		Device Model/Serial Number:	
Address:		□ Receiver (must ac	company device) size/side (0–3, L/R):
City: State:	Zip:	\Box SlimTube (if included) size/side included (00–3, L/R):	
Bill To Account Number:		\Box Ear hook color:	
Address:		Custom Ear Piece Model/Serial Number:	
City: State:			nt is not included in this repair
Patient Name:			
Patient is under 21 years of age (Check box if yes)	Complete Step 3	en 3. RogerDirect	Installation Information
Third Party Patient Number:		Is RogerDirect installed in the Paradise/Marvel device? □ Yes □ No	
Purchase Order Number:		res, please select the	
Contact Name:		\Box Roger X (02) – Pediatric	
Phone Number:		$\Box \text{ Roger i N Microphone or Roger X (03)} - \text{Home/Work/University}$	
Phone number required for shipping directly to patient or school. We're unable to	shin to a PO Box Additional charge for shinning d		-
	s ship to a r.o. box. Additional charge for shipping o	anceny to the patient in the patie	ne sociality cannot be restored we will stip back to the sender.
Shipping & Handling Options*			
□ Next Morning (\$32.99) □ Next After * Based on location and courier	ernoon (\$21.99) 🗆 2	Business Days (\$20.	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			
Must select below if out of warranty repair All serialized out o Instruments more			rges will apply. Out of Warranty cShell & SlimTip will be a chargeable new order. and handling applies to all chargeable repair orders.
DEVICES LESS THAN 5 YEARS POST INVOICE	DEVICES LESS THAN 5 YEARS POST INVOICE		DEVICES MORE THAN 5 YEARS POST INVOICE
DATE: 6 MONTH WARRANTY	DATE: 12 MONTH WARRANTY		DATE: UP TO 6 MONTH WARRANTY (or until end
Hearing Instruments/Phonak CROS ¹ /	Hearing Instruments/Phonak CROS ¹		of service date)
Roger/FM	Roger/FM		Hearing Instruments/Phonak CROS ¹ /
Wireless Accessories	□ Wireless Accessories		Roger/FM
RemoteMic/TVLink	RemoteMic/TVLink		Wireless Accessories
□ ITE Remake ² (In addition to a service plan, for same model	 ITE Remake² (In addition to a service plan, for same model 		RemoteMic/TVLink ITE Remake ²
and patient only)	and patient only)		 (In addition to a service plan, for same model and patient only)
Step 5: Reason for Service			
CUSTOMER REQUEST (CC40 / CC38 / CC39)	CONNECTIVITY (CC10)		TAMPER-PROOFING (BTE ONLY)
$\square \mathbb{R}$ Add/remove/change option ³	🗉 🖻 FM / Roger		🗉 🗷 Tamper-proof battery door
(please specify your request in comments field)	🗉 🗷 Wireless / Bluetooth		🗉 🗷 Roger integrated receivers
Change color to:	II IR CROS		🗉 🗷 Mini ear hook
	I R Programming problem		🗉 🗷 Tamper-proof ear hook
RESIDUES (CC17) (HI ←→ Software) □ I Wax problem □ I Telecoil □ I Sweat, moisture, humidity □ I Telecoil			BROKEN (CC16)
	ACOUSTIC RESPONSE (CC11)		I R Battery door
SERVICE (CC14)	 Image: Image: Ima		I R Volume wheel
🗉 🗷 Clean & functional check			🗉 🗷 Push button
	🗉 🗷 Feedback: Venting diameter		🗉 🗷 Earhook / Soundtube
IARDWARE / COMPONENTS too large			🗉 🗷 Microphone cover
NOT FUNCTIONING (CC10)	🗉 🗷 Feedback: Due to shell fit /		I R Cord or cable cracked / frayed
R Toggle switch	Not airtight		(accessories)
R Push button R Volume control	R Feedback: With jaw movement		🗉 🗷 Shell 🗉 🗷 Canal Lock 🗉 🗷 Faceplate
	R Noisy: Crackling / Popcorn		🖾 🖻 Removal line
 III Dead III III Display (accessories) 	R Noisy: Static / hissing Acoustic response too weak		R Wax system
			R Battery contacts Receiver wire of eShell
Battery:	I I R Acoustic response too weak after feedback test		Receiver wire of cShell Wirec incide dovice / chell
Rechargeable / Not charging	E R Intermittent		 I II Wires inside device / shell I II II Electronic module / faceplate detached
L R High drain	□ ■ Intermittent □ ■ Sound fades in/out		R Receiver detached from Shell (ITE)
 Image: Image: Ima	□ R Distorted		Es Es Acceiver detached nom Shen (TE)
devices (settings will not be restored, complete	I I Poor acoustic performance	es	
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)

- □ Canal too short
- 🗈 🗷 Too loose / poor retention
- \square \square Too loose / moving in the ear
- I I Difficult to insert
- 🗉 🗷 Too tight
- I I Sound bore direction

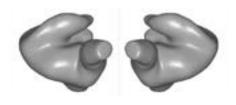
HURTS WHERE MARKED

- 🛯 🗷 Shell
- L R Lock
- 🗉 🖻 With static jaw
- □ ℝ With moving jaw
- □ By inserting / removing device
- **CUSTOM SHELL MODIFICATION (CC38)** For best fit, please send complete impression including second bend □ ℝ (IV) Increase Vent I R (DV) Decrease Vent □ ℝ (FE) Feedback 🔲 🖻 (BR) Broken □ □ (OB) Occluded (Barrel sound) 🗉 🗷 (TF) Tight Fit (Mark and include full new impression, see image) □ ℝ (LF) Loose Fit (Mark and include full new impression, see image) □ ℝ (AC) Add Canal Lock⁴ (Include full impression N/A IIC) □ ℝ (HL) Add Helix Lock⁴ (Include full impression. N/A IIC.) □ ℝ (SL) Add Skeleton Lock⁴ (Include full impression. N/A IIC.) □ ℝ (SC) Add Soft Coat⁴ □ ℝ Add Lacquer Add Wax Option _____ I R 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: shop.phonakpro.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. S B R1 R2 L1 L2 PNK BLU YLW FLS GRN PRP WHT TRQ