

Service Order Form

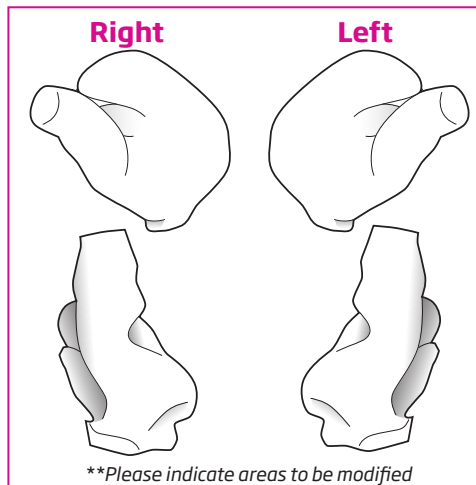
RUSH ORDER: 48 hours in-house & next day delivery
(charge applies)

Step 1: Ship to Information				Step 2: Patient Information														
Your Information	Ship to Account:				First Name:													
	Account Name:				Last Name:													
	Address:				Age:													
					Medicaid #:													
	City:		State:		Zip:		<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">Mailing Instructions</div> <ol style="list-style-type: none"> Be sure Lithium-ion Batteries are locked in battery drawer of hearing device. Never return loose Lithium-ion Batteries back to Oticon for any reason. Affix <i>Non-Restricted Lithium-ion Battery labels</i> to the shipping label. Request these labels from Oticon. 											
	Phone #:																	
	Contact Name:																	
	Email (required):																	
	Bill to Account:																	
	Date:		Fitting Date:															
Purchase Order #:																		

Product	<input type="checkbox"/> Hearing Aid		<input type="checkbox"/> Speaker				<input type="checkbox"/> Accessory			
	Model:	Model:	Size:		<input type="checkbox"/> L <input type="checkbox"/> R		Serial #:			
	Style:	Style:	Speaker Fit to Model Below (required)				Mold			
	Serial #:	Serial #:	Model:	Model:	Serial #:					
			Serial #:	Serial #:	Serial #:					

Repairs	Not Functioning	Broken or Damaged	Sound Quality	Wireless Accessory
	<input type="checkbox"/> Dead (D3) <input type="checkbox"/> Programming Difficulty (D16) <input type="checkbox"/> Intermittent (D4)* <input type="checkbox"/> Battery Drain (D8) <input type="checkbox"/> Switch (D11) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> T-Coil (D9) <input type="checkbox"/> Moisture (D47) <input type="checkbox"/> Corrosion (D60) <input type="checkbox"/> Aids Don't Coordinate (D25) <input type="checkbox"/> Speaker Defective (D37) <input type="checkbox"/> Defective Consignment (send replacement)	<input type="checkbox"/> Battery Door (D12) <input type="checkbox"/> Battery Stuck in Aid (D46) <input type="checkbox"/> Faceplate (D18) <input type="checkbox"/> Removal String (D24) <input type="checkbox"/> Switch (D11) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> Receiver Tubing Pushed In (D13) <input type="checkbox"/> Wax System (D22) <input type="checkbox"/> Ear Hook (M20) <input type="checkbox"/> Speaker Loose (D36)	<input type="checkbox"/> Weak (D1) <input type="checkbox"/> Noisy/Static (D2) <input type="checkbox"/> Distortion (D6) <input type="checkbox"/> Internal Feedback (D7) (<i>not poor fit</i>) <input type="checkbox"/> Clean and Check (D34) <input type="checkbox"/> Diagnose and Call (D49) Rechargeable Hearing Aids <input type="checkbox"/> Unable to Charge - Hearing Aid (D82) <input type="checkbox"/> Defective Rechargeable Battery (D83) <input type="checkbox"/> Defective Rechargeable Battery Door (D84) <input type="checkbox"/> Defective Charger (D85) <input type="checkbox"/> Defective AC Adapter (D86)	<input type="checkbox"/> Accessory Not Pairing (D72) <input type="checkbox"/> Accessory Intermittent (D73) <input type="checkbox"/> Unable to Charge (D39) <input type="checkbox"/> Accessory Not Communicating with the Aid (D23) <input type="checkbox"/> Not Communicating with Accessory (D48) <input type="checkbox"/> Defective Case (D74) <input type="checkbox"/> Replace Antenna (D76) <input type="checkbox"/> Firmware Upgrade (D41) <input type="checkbox"/> Mic/Remote Defective (D77) <input type="checkbox"/> Defective Metal Clip (D70) <input type="checkbox"/> LED Light Not Working (D88)

Remake Modifications
<input type="checkbox"/> Too Tight (H1) <input type="checkbox"/> Too Loose (H2) <input type="checkbox"/> Acoustic Feedback (H5) <input type="checkbox"/> Occlusion (H27) <input type="checkbox"/> Hurts Ear (H6)** <input type="checkbox"/> Taper Canal (D66) <input type="checkbox"/> Canal Too Short (H3) <input type="checkbox"/> Canal Too Long (H4) <input type="checkbox"/> Shell Damaged (D10) <input type="checkbox"/> Too Conspicuous (H7) <input type="checkbox"/> Enlarge Vent (H10) <input type="checkbox"/> Reduce Vent (H11) <input type="checkbox"/> Change/Add/Remove Options*



Warranty Options
<input type="checkbox"/> Under Warranty - Invoice # _____ <input type="checkbox"/> Out of Warranty - Issue 6 month warranty <input type="checkbox"/> Out of Warranty - Issue 12 month repair warranty [†] <input type="checkbox"/> Call with Estimate <small>[†]Aids older than 5 years do not qualify</small>

If including check with order, please complete:
 Check #: _____ Amt.: _____

Special Instructions:

[†]Please include pictures when possible

20-95990 19001-255-48/11.20