oticon
PEOPLE FIRST

Service Order Form

Print Form

SHIP TO:

Customer No.: _____ – _____

(Please complete all information including name and phone number)

Phone # ( ) _____ P.O.# _____

Company Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Check Enclosed # _____ $ _____

BILL TO:

(If different than SHIP TO)

Customer No.: _____ – _____

Company Name _____

Address _____

City _____ State _____ Zip _____

☐ RUSH ORDER:

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

FITTER'S INFORMATION:

Today's Date: _____

Fitting Date: _____

Fitter's Name: _____

Fitter's E-mail: _____

PATIENT INFORMATION:

First Name: _____ Middle Initial: _____ Age: _____

Last Name: _____

PRODUCT:

HEARING AID

Model _____ Model _____

Style _____ Style _____

Serial # _____ Serial # _____

SPEAKER

Size _____ ☐ Right ☐ Left

SPEAKER FIT TO ***(must fill out)***

Model _____ Model _____

Serial # _____ Serial # _____

STREAMER

Serial # _____

MOLD

Serial # _____

Serial # _____

REPAIR REASON:

- ☐ Dead on Arrival (D3)
- ☐ Intermittent (D4)
- ☐ Controls Inoperative (D27)
- ☐ Feedback (D7)
- ☐ Battery Drain (D8)
- ☐ T-Coil (D9)
- ☐ Weak (D1)
- ☐ Noisy/Static (D2)
- ☐ Distortion (D6)
- ☐ Occlusion (D26)
- ☐ Streamer Firmware Upgrade (D42)
- ☐ Defective Streamer case
- ☐ Unable to charge Streamer
- ☐ Removal String (D24)
- ☐ Programming Difficulty (D16)
- ☐ Volume Control (D5)
- ☐ Switch (D11)
- ☐ Battery Door (D12)
- ☐ Tubing pushed in (D13)
- ☐ Tubing blocked (D14)
- ☐ Faceplate detached (D18)
- ☐ Speaker loose (D36)
- ☐ Speaker defective (D37)
- ☐ Moisture
- ☐ Streamer not communicating with aid
- ☐ Other (D15)

BTE MODIFICATIONS:

- ☐ Add tamper resistant battery door/VC (M1)
- ☐ Add audio input (M2)
- ☐ Convert to CROS (M3)
- ☐ Convert to BiCROS (M4)
- ☐ Add bone conductor (M6)
- ☐ Add ultrasonic filter (M13)
- ☐ Add ext. rec & cord (M5)
- ☐ Headband: longer/shorter (M16)
- ☐ MT switch modification (M17)
- ☐ AUX/DAI only (M18)
- ☐ Change color to _____ (M10)
- ☐ Change spine color to _____
- ☐ Change RITE Power speaker
- ☐ Other (M11)

WARRANTIES:

**Aids older than 5 years do not qualify*

- ☐ Under warranty - Inv. No. _____
- ☐ Out of warranty - issue 6 mth warranty
- ☐ Out of warranty - issue 12 mth repair warranty*
- ☐ Call with estimate

ITE/MOLD MODIFICATIONS:

- ☐ Too tight (H1)
- ☐ Too loose (H2)
- ☐ Canal too short (H3)
- ☐ Canal too long (H4)
- ☐ Feeds back (H5)
- ☐ Hurts ear (H6)
- ☐ Add soft coat (H18)
- ☐ Too conspicuous (H7)
- ☐ Convert to IROS vent (H8)
- ☐ Enlarge vent (H10)
- ☐ Reduce vent (H11)
- ☐ Add canal lock (H14)
- ☐ Add helix lock (H15)
- ☐ Shell damaged (D10)
- ☐ Add extended receiver tubing (D28)
- ☐ Change color to _____ (M9)
- ☐ Other (H12)

COMMENTS:

_____

_____

_____

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19001-255-48 07/2008