

# Repair Form - Use for Repairs Only



Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Patient's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Serial Number (right) \_\_\_\_\_ Serial Number (left) \_\_\_\_\_

**BILL TO** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

**SHIP TO** \_\_\_\_\_

## SERVICES

- Recase  Replate  Remake  Repair

## REASON FOR REPAIR

- |  |   |   |
|--|---|---|
| <b>CIRCUIT</b>   | <b>FIT*</b>   | <b>VENTING</b>  |
| <input type="radio"/> <input type="radio"/> Weak                               | <input type="radio"/> <input type="radio"/> Tight           | <input type="radio"/> <input type="radio"/> Too Large   |
| <input type="radio"/> <input type="radio"/> Circuit Noise                      | <input type="radio"/> <input type="radio"/> Loose           | <input type="radio"/> <input type="radio"/> Too Small   |
| <input type="radio"/> <input type="radio"/> Distorted                          | <input type="radio"/> <input type="radio"/> Canal Too Short | <input type="radio"/> <input type="radio"/> Add Vent    |
| <input type="radio"/> <input type="radio"/> Intermittent                       | <input type="radio"/> <input type="radio"/> Canal Too Long  | <input type="radio"/> <input type="radio"/> Remove Vent |
| <input type="radio"/> <input type="radio"/> Dead                               | <input type="radio"/> <input type="radio"/> Occlusion       |   |
| <input type="radio"/> <input type="radio"/> Excessive Battery Drain            |   |   |
| <input type="radio"/> <input type="radio"/> Won't Program/Read                 |   |   |
| <input type="radio"/> <input type="radio"/> Broken Hinge Pin                   |   |   |
| <input type="radio"/> <input type="radio"/> Restore to original specifications |   |   |

- FEEDBACK**   Other (please specify)
- Internal
- Loose Fit\*
- Vent

**\*If possible, please mark trouble spot on hearing instruments.**  
 Micro-Tech reserves the right to recommend a repair plan or refuse repair on out of warranty instruments.

## SPECIAL REQUESTS

- Change Circuit To (refer to order form for features and availability)
- Add Option (refer to order form for features and availability)
- Remove Option (please specify)
- Loss and Damage Replacement (note deductible charge)
- Other

## PLEASE NOTE

- Always send new impressions if recasing is required.
- Return original investments along with your new impression.
- Please use illustrations to designate problem areas in event of a remake or recase of the hearing aid.
- **All programmable instruments will be returned at incoming settings or as requested.**

## SUPPLIES

- Order Forms  Fed Ex Labels  Impression Boxes  Repair Forms

## WARRANTY STATUS

- In Warranty  Out of Warranty

## WARRANTY

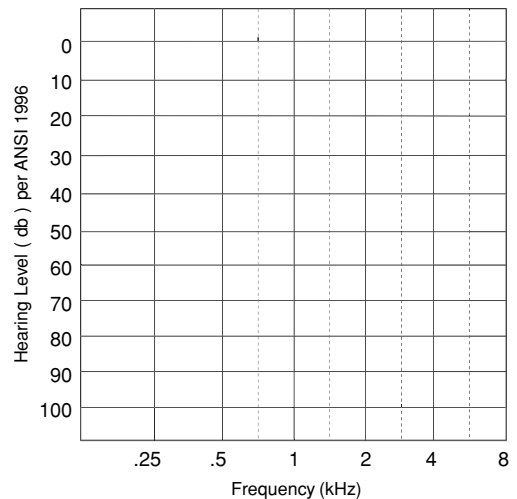
- 6-month Warranty  1-year Warranty

## MANUFACTURING SERVICES

- |                         |                       |                       |
|-------------------------|-----------------------|-----------------------|
|                         | <b>Monaural</b>       | <b>Binaural</b>       |
| Next-Day Service (24hr) | <input type="radio"/> | <input type="radio"/> |
| 2-Day Service (48hr)    | <input type="radio"/> | <input type="radio"/> |

Additional Charges Apply. Refer to price list or contact account representative for pricing.

## AUDIOGRAM



Please use audiogram if hearing has changed.

- HTL Right MCL \_\_\_\_\_ UCL \_\_\_\_\_
- SPL Left MCL \_\_\_\_\_ UCL \_\_\_\_\_

## COMMENTS

## SPECIAL INSTRUCTIONS

Need back in office by:

Date \_\_\_\_\_

# Return Form



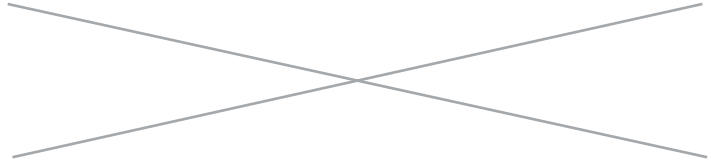
Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Patient's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Serial Number (right) \_\_\_\_\_ Serial Number (left) \_\_\_\_\_

**CREDIT THIS ACCOUNT** ACCOUNT NO. \_\_\_\_\_

**RETURN FOR CREDIT ONLY**



## SUPPLIES

- Order Forms  FedEx Labels  Impression Boxes  Repair Forms

## PLEASE COMPLETE THIS FORM FOR FULL CREDIT

**1. Patient did not like the response because** (please check all that apply)

- Too Weak  Too Strong  Problems with Noise  No Perceived Benefit

**2. Patient did not like the fit because** (please check all that apply)

- Too Tight  Too Loose  Feedback  Occluded  Hurts (Where?)\*

**3. Before returning, this instrument was adjusted by** (please check all that apply)

- Clinician, for response and/or fit  
 Micro-Tech was consulted on response

4.  Replaced with different Micro-Tech aid

5.  Replaced with different manufacturer

6.  Returning one side of binaural fitting

7.  Other

## COMMENTS

In order for Micro-Tech to manufacture a quality product, your input is important. Providing us with a detailed description of your reason(s) for your return for credit will improve our product and service to you as well as others. Thank you for your support and cooperation.