

VA/Government Agencies Repair/Return for Credit Form



800.943.7139

Patient's First Name _____ Last Name _____ Fit Date _____
 Contact _____ Telephone _____ Social Security Number _____
 Serial Number (right) _____ Serial Number (left) _____

BILL TO / CREDIT TO ACCOUNT NO. _____

SHIP TO _____

Purchase Order # _____ Check # _____

IN-WARRANTY SERVICES

- Recase Replate Remake Repair

REASONS FOR REPAIR

- | Circuit | Fit* | Venting |
|---|--|---|
| <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"/> Noisy | <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"/> Excessive Battery Drain | <input type="radio"/> <input type="radio"/> Other (please specify) | |
| <input type="radio"/> <input type="radio"/> Internal Feedback | | |

Other (please specify)

SPECIAL REQUESTS

- Option package change (must be within 180 days of original ship date)

Change Circuit To: (refer to order form for features and availability)

- Model Change (must be within 180 days of original ship date)

This will result in an option package change

Change To: (refer to order form for package feature and availability)

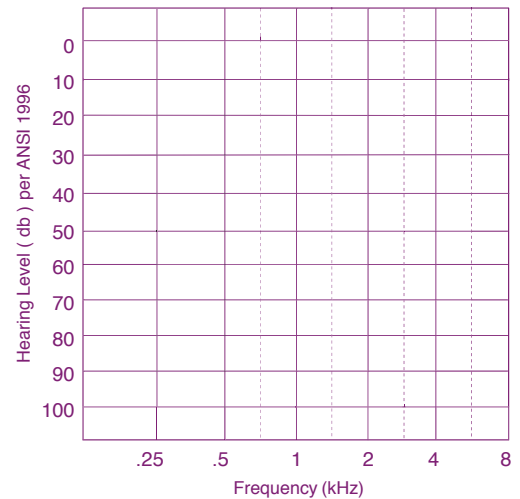
- Full Shell Half Shell Canal
 Mini Canal Tru-Canal CIC
 Add extra component (after 180-day trial period)

Component: (refer to order form for package features and availability)

- Loss & Damage Replacement

Other

AUDIOGRAM



COMMENTS

USE THIS AREA FOR RETURNS ONLY

- Patient did not like the response because** (please check all that apply)
 - Too Weak Too Strong Problems with Noise No Perceived Benefit
- Patient did not like the fit because** (please check all that apply)
 - Too Tight Too Loose Feedback Occluded Hurts (Where?)*
- Before returning, this instrument was adjusted by** (please check all that apply)
 - Clinician, for response and/or fit
 - Micro-Tech was consulted on response
- Replaced with different Micro-Tech aid
- Replaced with different manufacturer
- Returning one side of binaural fitting
- Other